

**Intake Information
(For child 2 years and older)**

Child's Name: _____
Any nick names? _____

To help to better understand the needs of your child, please share a bit about:

1. Activities:

Favorite activity:

Favorite toy:

Has your child had experiences in groups with other children? ___yes ___no

Please explain:

2. Adjustment:

Do you anticipate any adjustment concerns?

Describe any previous child care experiences:

What might help if your child is sad? (e.g. hold child, read a story...)

Does your child have a comfort item (e.g. special blanket, stuffed toy...)

3. Meals:

What foods does your child like?

What foods does your child dislike?

Are there any food allergies?

4. Rest Time:

What time does your child wake in the morning? _____

What time does your child go to sleep at night? _____

Does your child generally take naps?

If yes, what is the usual time & routine?

5. Toileting

Is your child independent with toileting? ____yes ____no

Please explain:

Are there any special words your child uses with regard to toileting?

6. What is the language spoken at home:

7. Other information: