

# INTAKE FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Name of Guardian(s): \_\_\_\_\_

Date of Birth (MMM/DD/YY) \_\_\_\_\_

Telephone #: \_\_\_\_\_

We speak these language(s) in our home: \_\_\_\_\_

Have you been in a childcare setting before? **(Circle one)** YES or NO

What are do you enjoy doing as a family?

\_\_\_\_\_

What are somethings that you are working on at home with your child? (e.g. Dressing themselves, zipping zipper, counting to 20, communicating verbally, etc.) \_\_\_\_\_

\_\_\_\_\_

How can we help your child reach these goals? \_\_\_\_\_

\_\_\_\_\_

Where and with whom does your child spend most of their time? \_\_\_\_\_

\_\_\_\_\_

Does your child use the washroom independently/ are they still in diapers? Please explain. \_\_\_\_\_

\_\_\_\_\_

How does your child communicate? (e.g. Verbally, sign language, visual cues). What language(s) does your child prefer to speak? \_\_\_\_\_

\_\_\_\_\_

What is your child's eating habits like? Can they eat solids? Are they fussy eater? \_\_\_\_\_

\_\_\_\_\_

What is your child's sleeping habits like? Do they nap? Fall asleep on their own? \_\_\_\_\_

\_\_\_\_\_

Does your child have any sensory sensitivity? (e.g. Loud sounds, food textures, sensory materials) \_\_\_\_\_

\_\_\_\_\_

What are your child's strengths? (e.g. loves cleaning, can read at 3 years old) \_\_\_\_\_

\_\_\_\_\_

What else would you like us to know about you and your family? \_\_\_\_\_

\_\_\_\_\_

For Office use only: E.C  V  AG  H