INFANT INTAKE

Dated Completed: _____

I. IDENTIFICATION INFORMATION

			(DD/MM/YYYY)		(Circle)
Child's Name:		Birth Date:		Sex:	M / F
If child does not use his/her legal first name, please list the name he/she uses:					
Mother's Name:		Primary Phone:			
Father's Name:		Primary Phone:			
Guardian's Name: (other than parent if applicable)		Primary Phone:			

II. SCHEDULE

Please circle the days of attendance:

Monday Tuesday Wednesday Thursday Friday

What time will your child typically be dropped off at? _____

What time will your child typically be picked up at? _____

III. FAMILY HISTORY

Marital status of Parents (voluntary information)	

Are there any custody arrangements we need to be aware of? **Yes / No**
If yes:

Please explain:

If Child is adopted, list age of adoption _____ is Child aware of adoption? Yes / No

Other children in the home (name & ages)

1.		yrs	4.		yrs
2.		yrs	5.		yrs
3.		yrs	6.		yrs

Are there other members of the household? **Yes / No**

If so, list name, age (if under 21 yrs) & relationship:

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IV. PHYSICAL REGIME

What are your child's sleeping patterns?			
What are your child's feeding patterns? (Approximate times/hours)			
Do you use Formula? **Yes / No**	Brand of Formula?	Do you use Breast Milk? **Yes/No**	Ounces per feeding?
Does your child eat cereal? **Yes/No**			
Does your child eat baby food? **Yes/No**		Does your child eat table food? **Yes/No**	
Does your child have any unusual eating/feeding problems or special dietary needs based on a medicatl condition, allergies or religion? **Yes/No**			
Is any language other than English used in the home?	**Yes / No**	If yes, please describe:	

V. MEDICAL HISTORY

Does your child have any allergies? **Yes / No**	If yes, please explain:
Does your child take any regular medications? **Yes / No**	If yes, please explain:
Does your child have any vision of hearing problems **Yes / No**	If yes, please explain:
Are there any special medical, physical or emotional needs that the school or staff should be aware of? **Yes / No**	If yes, please explain:
Does your child have a comfort item? (Pacifer, Blanket, etc) **Yes/No**	If yes, please explain

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VI. PERSONALITY & EMOTIONAL DEVELOPMENT

Please check the items below that describe your child:

	✓		✓		✓		✓		✓
Happy		Aggressive		Friendly		Moody		Clumsy	
Dependent		Stubborn		Impulsive		Fearful		Quiet	
Attentive		Good-natured		Sympathetic		Shy		Even-tempered	
Sleepy		Other:							

VII. PLAY & SOCIALITY

Has someone cared for your child besides the family? **Yes / No**	If yes, please explain:
Has your child gone to Daycare before? **Yes / No**	If yes, please describe previous experiences:
Do you have any concerns about any aspect of your child's development? **Yes / No**	If yes, please explain:
What do you hope will be included in your child's Infant program/ goals for your child?	List Goals: