

PRE-K 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

Does your child express own toilet needs? **Yes / No** Are there any concerns? **Yes / No**

If yes please describe:			
Describe assistance needed & words used:			
Does your child nap? Yes / No	When/Times?	Usual bed time?	Usual waking time?
What does your child usually eat for breakfast & at what time?			
Does your child have any special dietary needs based on a medical condition allergies or religion?		Please explain/list:	
Does your child have any specific food likes/dislikes?			
Do you feel your child's speech is clear? Yes / No		Can strangers understand when he/she speaks? Yes / No	
Is any language other than English used in the home?	Yes / No	If yes, please describe:	

V. MEDICAL/SURGICAL 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:

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VI. PERSONALITY & EMOTIONAL DEVELOPMENT

Does your child have any specific fears? Yes / No		If yes, please explain:	
What are your child's favorite activities? List activities:			
Does your child play well alone?	Yes / No	Are there neighborhood playmates?	If so, what age children does your child play with?
In groups?	Yes / No		
Does your child accept correction easily? Yes / No		When you find it necessary to discipline your child, which parent usually does this and how?	

Please tick items below that describe your child:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Happy	Aggressive	Friendly	Moody	Clumsy			
Dependent	Stubborn	Impulsive	Fearful	Quiet			
Attentive	Good-natured	Sympathetic	Shy	Even-tempered			
Sleepy	Other:						

VII. COGNITIVE DEVELOPMENT

Has your child learned to:	Yes	No	Yes	No
Listen to Stories?			Dress self independently?	
Say His / Her name?			Follow simple directions?	
State His / Her age & sex?			Name basic colors?	
Recognize & name common objects?			Throw & Catch a ball?	
Write name?			Balance on one foot?	
Draw a person?			Hop on one foot?	
Ride a tricycle?			Count?	Yes / No
Other: (Please note additional significant accomplishments)			How Far?	

VII. PLAY & SOCIALITY

Has your child had group play experience? Yes / No	If yes, please explain:
Has someone cared for your child besides the family? Yes / No	If yes, please explain:

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<p>Has your child gone to Pre-School or Daycare before?</p> <p>Yes / No</p>	<p>If yes, please describe previous experiences:</p>
<p>Do you have any concerns about any aspect of your child's development?</p> <p>Yes / No</p>	<p>If yes, please explain:</p>
<p>What do you hope will be included in your child's Pre-K program/ goals for your child?</p>	<p>List Goals:</p>