

## Preschool Enrollment Intake Form

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Gender: \_\_M\_\_F

### Eating

Is your child on any special diet? \_\_\_Vegetarian \_\_\_Lactose \_\_\_vegan \_\_\_\_\_other

Does your child have any diet restrictions or food allergies? \_\_\_\_\_ If yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

\*Please note that if the child has a diet restriction or allergy to a food provided at the center we will try our best to accommodate but if not possible we will request that parents provide the child's meals for them. We can NOT make a different meal for every child.

### Sleeping

Does your child nap? \_\_Yes\_\_No (Licensing requires us to provide a nap/rest time)

If yes, How long? \_\_\_\_\_

Does your child sleep with a special blanket, toy or "lovey", or pacifier? \_\_Yes\_\_No

Are there specific bedtime routines at home?

\_\_\_\_\_  
\_\_\_\_\_

Where does your child sleep at home? \_\_\_\_\_

### Toileting

Does your child use diapers?

—Yes \_\_\_Disposable \_\_\_Pull ups

\_\_\_No, my child is potty trained.

\*Please note that we do NOT accept pull ups underwear and only accept pull ups training pants (the ones with the opening and closing strip), If pull ups underwear are brought in we will return them to parents and request for them to bring in pull ups training pants at pick up same day or drop off next day.

How does your child let you know that it's time "to go"? \_\_\_\_\_

Does your child need regular reminders to use the bathroom? \_\_Yes\_\_No

Does your child dress him/herself? \_\_\_\_\_Yes \_\_\_\_\_No

**Development**

Do you have any concerns about your child’s development?

Yes, \_\_\_Hearing \_\_\_Vision \_\_\_Language \_\_\_Gross Motor \_\_\_Fine Motor \_\_\_Social \_\_\_\_\_Other  
No\_\_\_

\*Has your child been diagnosed with Special Needs? \_\_\_Yes \_\_\_No (if yes please complete an ASQ)

Has your child been diagnosed with Special Needs/ does your child have an EIP? (if yes please complete an ASQ)

\*Please note It is our responsibility to notify the parents of any signs/concerns that may come to light while under our care, Even if the child has not been diagnosed with special needs.

**\*Also note that an aide is REQUIRED upon enrollment for children who have been diagnosed with special needs in order to attend our preschool and if we suspect that your child has special needs an assessment must be conducted by a third party a specialty agency such as your school district or a special needs agency or such as Mountain Regional Center .** We are a

general childcare service that does NOT modify the environment nor provide one on one care to any child.

What is your child’s primary spoken language? \_\_\_\_\_

Are there other languages being used with your child? \_\_\_\_\_

**Social and Emotional development**

Has your child been in daycare before? \_\_\_Yes \_\_\_No What was their experience like? \_\_\_\_\_  
\_\_\_\_\_

Is your child comfortable in group situations? \_\_\_Yes \_\_\_No

What is your child’s regular routine when at home? \_\_\_\_\_

Is there anything we should know about your child's interaction with other children, by themselves, any concerns?

\_\_\_\_\_  
\_\_\_\_\_

What kinds of activities does your child enjoy? Are there activities your child avoids?

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child’s temperament and personality?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any siblings? \_\_\_Yes \_\_\_No \_\_\_\_\_

Does your family have any pets? \_\_\_Yes \_\_\_No

What kind? \_\_\_\_\_

What soothes your child?

\_\_\_\_\_  
\_\_\_\_\_

What frightens your child? \_\_\_\_\_

What are your expectations or hopes for your child at our child care center?

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Is there anything regarding your family, extended family or child that you would like to share with us?