

**McCloud Preschool**

P.O. Box 700 McCloud, California 96057 530-964-2133 Ex. 123

**FAMILY INTAKE FORM**

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

The information you provide on this form is confidential. It will help us better understand your child so we can do the best job possible. Thank you for your cooperation.

Child’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_M \_\_\_\_\_F

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other children in the home: brothers, sisters, step-brother, step-sister, other:

Name Birth Date \_\_\_\_Relationship to child

Other persons in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH**

Child’s birth weight \_\_\_\_\_\_\_lbs. \_\_\_\_\_\_\_\_oz.

Complications during pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your child full term? \_\_\_\_\_Yes \_\_\_\_\_\_ No

Type of feeding \_\_\_\_breast Until what age? \_\_\_\_\_

\_\_\_\_bottle Until what age? \_\_\_\_\_

When did child begin feeding self? \_\_\_\_\_\_\_\_\_\_\_ Dressing self? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your child as a baby? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the child every been hospitalized? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Other separations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the child react when coming down with something? (cranky, sleepy, nausea, stomach ache) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the child’s sleep habits? Any problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INTELLECTUAL DEVELOPMENT**

What kinds of activities does the child enjoy doing within the home setting**?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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How long is his/her attention span? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Easily distracted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Follows routines well? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recalls stories and songs? \_\_\_\_\_\_\_\_ Is curious? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uses Imagination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMOTIONAL WELL BEING

Does the child have any fears? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To what kind of handling or situation does the child react negatively? ( i.e. tickling, etc.)

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**RELATIONSHIPS AND ADAPTABILITY**

Current Living situation: \_\_\_\_house \_\_\_\_apartment \_\_\_\_mobile home park \_\_other

Does the child have close relationships with any relatives or friends outside the home?

Who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are most of the child’s first friends the same age and sex? \_\_\_\_\_Yes \_\_\_\_\_NO

Is this the child’s first group experience? \_\_\_\_\_Yes \_\_\_\_NO

If not, list others and dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child behave differently with parents as opposed to others? If so, how? \_\_\_\_\_\_\_\_\_\_\_\_

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What are the child’s responsibilities (simple chores) in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where has the child lived most of his/her life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else we should know about the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENTAL INTERESTS/CONCERNS**

What skills or interests do you have to offer the center as part of your participation? \_\_\_\_\_\_\_\_\_\_

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What do you expect a child care provider to do for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any concerns about your child’s development in any of the following areas?

\_\_\_\_\_ Hearing \_\_\_\_\_Learning \_\_\_\_\_Behavior \_\_\_\_\_Sight

\_\_\_\_\_Speech \_\_\_\_\_Physical Development

Would you like more information about or referrals for?

\_\_\_\_\_ Choosing child car

\_\_\_\_\_ Financial assistance

\_\_\_\_\_Nutrition

\_\_\_\_\_Health/Immunization clinics

\_\_\_\_\_Parenting information

\_\_\_\_\_Parent support groups

\_\_\_\_\_child abuse prevention

\_\_\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Signature** **Date**