

Children's Choice Early Learning Center

115 S. 3rd Street

Eldridge IA 52748

Intake Form

I. Child's Identification Information

Name :		Nickname:
Sex:	Birthdate:	Name Of school, If attending:

II. Family Information : Parent Or Guardians

Name:	Name:
Address:	Address:
City, State:	City, State:
Phone Number(s):	Phone Number(s):
E-Mail:	E-Mail:
Single ___ Married ___ Divorced ___ Separated ___ Foster Parent ___	

Please be sure that both parent's emails are correct and included. This is how you will receive an invitation to our Procure app, which will be used to clock your child in and out daily and to communicate with your child's teachers.

Names Of other children in the home: _____

Is your Child on any Medications? _____

III. Emergency Contact Information Name Address Place of Employment Phone number

IV. Play And Sociability

How does your child get along with other children? _____

His/Her usual playmates are: Girls ___ Boys ___ Older ___ Younger ___

What is the usual size of your child's neighborhood play group? _____

Previous group experience other than school: Preschool ___ Playgroup ___ Sunday School ___

Other Please Specify _____

V. Personality and Emotional Development

Is your Child Affectionate? _____

Does He/She accept new people easily? Yes ___ No ___

What are your child's fears? _____

Is your Child usually happy? Yes ___ No ___

What nervous habits does your child have? _____

Does your Child have any comfort items (pacifier, Blanket, Etc.)? _____

VI. Redirection

When you find it necessary to redirect your child, which parent usually does this and how?

VII. Infants and toddlers

Has your child had any feeding problems? Yes ___ No ___

If yes please explain: _____

Have you noticed any allergies or sensitivities to particular foods? Yes ___ No ___ What food is your baby eating now?

Fruits _____ Juices _____

Vegetables _____ Meats _____

Cereals _____ Milk (Formula) _____

What is your Childs sleeping habits throughout the day? _____

Does your Child have a "fussy" time? _____ When? _____

How do you handle "fussy" time? _____

DO you have Special ways of helping you child go to sleep? Yes ___ No ___

IF yes, how? _____

Does your Child use a pacifier or suck their thumb? _____

Has Toilet training been attempted? Yes ___ No ___ What is used at home? _____

Is your child's skin highly sensitive? Yes ___ No ___ what is used at home? _____

How does your child relate to strangers?

Is your child frightened by anything? _____

VIII. Other Information

Favorite toy: _____

Favorite book: _____

Favorite snack: _____

Favorite thing to drink: _____

Favorite game _____

Does your child have any pets at home? _____

Are there any areas of learning or behavior that you feel require particular attention?

Please Give Us any other information you believe will be helpful to us in understanding your child

