

## Family Intake Form

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Child's Enrollment Date \_\_\_\_\_

### Eating/Toileting/Sleeping Habits

Favorite Foods \_\_\_\_\_ Special Diet \_\_\_\_\_

Foods your child dislikes or refuses \_\_\_\_\_

Formula \_\_\_\_\_ Feeding Schedule \_\_\_\_\_

Does your child have a crib or bed? \_\_\_\_\_ Where Does your child sleep? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Ability to dress oneself \_\_\_\_\_

### Social

Choose five words that describe your child's personality \_\_\_\_\_

What is your child's favorite activity? \_\_\_\_\_

What is your child's least favorite activity? \_\_\_\_\_

What are the activities that make your child uncomfortable or afraid? \_\_\_\_\_

Behavioral Issues \_\_\_\_\_

How does your family respond to behavior? \_\_\_\_\_

Has your child ever attended another childcare or preschool? If yes, please describe any problematic behavior \_\_\_\_\_  
\_\_\_\_\_

### Home Environment

Who does your child live with? \_\_\_\_\_ Does your child have siblings? \_\_\_\_ If yes, what are names and ages? \_\_\_\_\_

Does your family have any traditions you would like to share? \_\_\_\_\_

What language is primarily spoken in your home? \_\_\_\_\_

Would you like to share anything significant about your religion? \_\_\_\_\_  
\_\_\_\_\_

Would you like to share anything about your family's cultural background? \_\_\_\_\_  
\_\_\_\_\_