

INTAKE FORM

Date _____

CHILD'S NAME _____ Girl Boy

Name you prefer your child to be called: _____

Other children in family:

Name _____ Birthdate _____ Name _____ Birthdate _____

Name _____ Birthdate _____ Name _____ Birthdate _____

Please inform me of future Pre-K Registration for the _____ school year.

Child's special interests (toys/games/activities) _____

Does your child dress and undress independently? (specify articles of clothing that are a problem) _____

Does your child attend to bathroom needs independently? _____

How does your child express feelings/control temper/handle separation from parents? _____

Does your child have any fears (i.e. heights, animals, loud noises)? _____

When did s/he start talking? _____

Language/languages spoken at home? _____

What is your child's primary language? _____

Does your child follow simple directions? _____

How does s/he interact with other adults and children? _____

How does s/he react to strangers? _____

What form of discipline is used at home? _____

How does your child respond to discipline? _____

Has your child ever participated in any organized group activities? If yes, please specify _____

Did your child separate well? _____

Are there any family or special situations we should be aware of when working with your child? _____

How did you hear about us? _____