

Little Angels Learning Center Intake Form (Two Years Old to Five Years Old)

Child's Name: _____ Date of Birth: _____ Gender: M / F

Eating

Is your child on any special diet? Vegetarian Ovo-lacto Vegan _____ Other

Does your child have any food allergies? Yes / No If yes, please describe _____

What does your child use to drink?

Bottle Sippy Cup Regular Cup Nursing Other: _____

Sleeping

Does your child nap? **Yes / No** How many times per day? _____ How long? _____

Are there specific bedtime routines at home? _____

Where does your child sleep at home? _____

Toileting

Does your child use diapers or pull ups? Yes / No Which one? _____

Does your child use a potty or the toilet? **Yes / No** Which one? _____

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**

Development

Do you have any concerns about your child's development? **Yes / No**

Hearing Vision Language Gross Motor Fine Motor Social Other

*If your child as an IESP / IEP, it is recommended to share it with the management team.

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 child care before? **Yes / No**

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 play with other children, by themselves, any concerns? _____

How would you describe your child's temperament and personality? _____

Does your child have any siblings? **Yes / No** How many Siblings? _____

Does your family have any pets? **Yes / No**

What soothes your child? _____

What frightens your child? _____

Does your child have any favorite songs or games that comforts them? _____

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

What are your expectations for the L.A.L.C. and staff? _____

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