

Endless Journey Child Care

Intake Information

Pre-enrollment Date _____

Identification Information

Child's Name _____
Last First Middle
Child's Birth date _____ Sex _____
Child's Address _____ Phone _____

Parents or Guardians

1. _____
Name Address
Home Phone Number Work Phone Cell Phone
2. _____
Name Address
Home Phone Number Work Phone Cell Phone

Family History

Marital Status: Married ___ Divorced ___ Separated ___ Deceased ___ Single ___

Other children at home:

1. _____ 3. _____
Name Age Name Age
2. _____ 4. _____
Name Age Name Age

Who will have authority to pick up your child? Please include the following phone numbers: home, work and cell. Do not include parents or guardians on this list.

1. _____
2. _____
3. _____

Physical Regime

Does your child have any eating problems, allergies, food dislikes, asthma?

Explain _____

What is your child's normal nap time and length? _____

What is your child's attitude towards taking a nap? _____

Social Behavior

How does your child get along with other children? _____

Is your child able to play and work independently? What does s/he do? _____

How does your child exhibit anger or hostility? _____

How is discipline handled by the parents? Does it differ between mother, father or others living in the home? _____

Are his/her playmates girls ___ boys ___ younger ___ older ___ none ___

previous group experiences: nursery school ___ play group ___ Sunday school ___

Personality and Emotional Development

Does s/he accept new people easily? _____

Does s/he have any special fears or problems? _____

Family Traditions and Customs

Please write about any special rituals, traditions, and/or customs your family practices.

Does your family have any religious and/or cultural food limitations? Yes ___ No ___

If yes, please specify:

Does your family have a special ritual or custom that you would like to come in and share with your child's classroom? Yes ___ No ___

If yes, please specify:

How do you want us to identify your child's culture?

What holidays do you celebrate?

What languages are spoken? _____

Our program promotes a culture of inclusiveness, and children may come home with questions about differences.

Fieldtrips

Permission is _____ is not _____ given for field trips. Please sign even if your child is an infant or toddler. This will be helpful in the future, when your child is old enough for field trips.

Parent / Guardian Signature _____

If your child is 16 to 33 months old, please answer the following questions.

How is your child comforted? _____

What are your child's toileting habits? _____

What is your child's usual nap time routine? Do they sleep, and if so for how long? _____

What food does your child like and dislike? _____

What are your child's communication habits? _____

Parent / Guardian Signature _____

How did you hear about us?

____ Newspaper ____ Radio ____ Friend ____ T.V.

Other: _____