1001 E Geneva St, Delavan, WI - P:262-725-7743 - F: 262-725-7741 - LCLC.Delavan@gmail.com

# INTAKE FORM FOR CHILDREN 2 YEARS AND UP

This form will allow us to better understand and care for your child while they're in our care.
**Please do not leave any section blank. Put N/A if something does not apply to your child.**

| First day of attendance (mm/dd/yyyy) |
|---|
| |

## CHILD AND PARERNT/GUARDIAN INFORMATION

| Name – Child (Last, First, MI) | Nickname (if any) | Birthday (mm/dd/yyyy) |
|---|---|---|
| | | |

| Name – Parent/Guardian (Last, First, MI) | Telephone Number (home or cell) |
|---|---|
| | |

Address – Parent/Guardian (Street, City, State, Zip Code)

## HEALTH

**Note:** All health conditions that may affect the care of the child must be recorded on the *Health History and Emergency Care Plan* form.

☐ Child has frequent colds, ear infections, colic, or something else – Describe.

## MEALS

My child will eat

☐ Center lunch ☐ Cold lunch and I will include a protein, grain, fruit, and vegetable

Milk type

☐ Center provided 1% Milk ☐ I will provide their own milk or milk substitute – Specify type:

Food allergies

☐ Yes ☐ No If "Yes", Specify.

## SLEEP

All children under the age of 5 must have a rest period for a minimum of 20 minutes. Parents must provide a sleeping bag or nap mat blanket.

## DIAPERING / TOILETING

Fully potty trained

☐ Yes ☐ No If "Yes", Skip to SECTION B

**Section A (Not fully potty-trained children):**

| Diaper type - Provided by Parent/Guardian | Highly sensitive skin | Frequent diaper rash |
|---|---|---|
| ☐ Cloth ☐ Disposable | ☐ Yes ☐ No | ☐ Yes ☐ No |

Lotions, creams, or powders used – Please fill out a diaper cream form if you'd like us to apply

☐ Yes ☐ No

Toilet training attempted

☐ Yes ☐ No If "Yes", describe routine.

**Section B (All children):**

Regular bowel movements

☐ Yes ☐ No Times per day: _____

Toileting problems

☐ Yes ☐ No If "Yes" – Describe.

If potty trained, do they need any assistance in the bathroom?

☐ Yes ☐ No ☐ If "Yes" – Describe.

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**VERBAL COMMUNICATION**

| Family's spoken language | Child speaks in |
|---|---|
| ☐ English ☐ Spanish ☐ Other – Specify: | ☐ Words ☐ Sentences |

Words that are used to describe special needs/wants – Specify.

**COMFORTING**

Does your child have a time period that they frequently become fussier than usual?

☐ Yes ☐ No If "Yes" – Specify time and how it's handled.

Special things to say or do to comfort your child:

**SELF-EXPRESSION AND SOCIAL DEVELOPMENT**

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

Additional comments:

Is your child used to playmates?

☐ Yes ☐ No

Please list any additional information about your child's habits, abilities, or personality you feel will be helpful to the staff while caring for your child.

**By signing this form, you are acknowledging that everything has been filled out accurately and you will update your child's teachers with any important changes.**

_____ _____

**Parent/Guardian's Signature** **Date**