



INTAKE FORM FOR CHILDREN 2 YEARS AND UP

TLC's Little Comets Learning Center
1001 E Geneva St, Delavan WI, 53115

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 PARENT/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 <input type="checkbox"/> Cloth <input type="checkbox"/> Disposable	Highly sensitive skin <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent diaper rash <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

English Spanish Other – Specify:

Child speaks in

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