



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

INTAKE FORM FOR CHILDREN UNDER 2 YEARS

This form must be completed by a parent/guardian and **updated every 3 months** by either the parent/guardian or child's teacher. This will allow us to better understand and care for your child while they're in our care. This form is mandatory for our childcare center to comply with the requirements of DCF 251.09(1)(am). **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.

*HEALTH UPDATES (date & initial each update)

MEALS

Current feeding schedule

Length of time on current schedule

Food Type

☐ Breast Milk ☐ Formula ☐ Baby Cereal ☐ Purees ☐ Table Foods ☐ Milk Type – Specify:

When eating, child is –

☐ Held in lap ☐ In highchair ☐ Other – Specify:

Feeds self

☐ Yes ☐ No If "Yes", uses: ☐ Spoon ☐ Fork ☐ Hands

Special feeding problems

☐ Yes ☐ No If "Yes" – Specify:

Food allergies

☐ Yes ☐ No If "Yes" – Specify:

Favorite foods – Specify:

Refused foods – Specify:

*MEAL UPDATES (date & initial each update)



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SLEEP

Current sleep schedule	Length of time on current schedule
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Falls asleep easily

☐ Yes ☐ No If "No" – Specify:

Current sleep location

Note: It is not recommended to co-sleep with children under age 1. Infants in a group childcare center can only be laid to rest in a crib while they are in our care.

☐ Bassinet/Crib ☐ Co-Sleeps ☐ Both ☐ Other – Specify:

Sleep position

Note: Children under age 1 must be placed to sleep on their back unless a written statement from the child's physician is attached.

Child under age 1 year: ☐ Back ☐ Side or Stomach (Physician statement attached)

Child age 1 year or older: ☐ Back ☐ Side or Stomach

*SLEEP UPDATES (date & initial each update)

DIAPERING / TOILETING

Diaper type - Provided by Parent/Guardian

☐ Cloth ☐ Disposable

Highly sensitive skin ☐ Yes ☐ No	Frequent diaper rash ☐ Yes ☐ 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

Regular bowel movements

☐ Yes ☐ No Times per day: _____

Toilet training attempted

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

Toileting problems

☐ Yes ☐ No If "Yes" – Describe.

*DIAPERING / TOILETING UPDATES (date & initial each update)

VERBAL COMMUNICATION

Family's spoken language

☐ English ☐ Spanish ☐ Other – Specify:

Age child began talking	Child speaks in ☐ Words ☐ Sentences
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Words that are used to describe special needs/wants – Specify.

ASL sign language used (eat, drink, more, etc) – Specify.



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*COMMUNICATION UPDATES (date & initial each update)

COMFORTING

Does your child have a fussy time?

☐ Yes ☐ No If "Yes" – Specify time.

Child is soothed by being:

☐ Held ☐ Rocked ☐ Sung to ☐ Read to ☐ Given pacifier ☐ Given Blanket

☐ Other – Specify:

Special things to say or do to comfort your child:

*COMFORTING UPDATES (date & initial each update)

SELF-EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

Additional comments:

*SELF-EXPRESSION UPDATES (date & initial each update)

PHYSICAL AND SOCIAL DEVELOPMENT

Is your child able to – (check all that apply)

☐ Sit up alone ☐ Pull themselves up ☐ Crawl ☐ Walk with support ☐ Walk without support

Is your child used to playmates?

☐ Yes ☐ No

Additional comments:



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*PHYSICAL AND SOCIAL DEVELOPMENT UPDATES (date & initial each update)

MISCELLANEOUS

Child's favorite toys and activities – Specify.

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.

*MISCELLANEOUS UPDATES (date & initial each update)

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

*REVIEWED AND UPDATED

Note: A NEW Intake Form is required after 4 updates have been made and/or when the child transitions from the baby room to toddler room.

Updated Date	Updated By (Print Name)	Teacher's Signature	Parent/Guardian's Signature