

Christ Church Nursery School Preschool Intake Form

Child's Name _____

Nickname (if any) _____

Parent's Name(s) _____

Siblings(name,age,gender) _____

Other adults living with the family _____

Other adults with whom your child spends a great deal of time _____

Do both parents live in the household? _____

Language(s) spoken at home _____

Have there been any recent changes at home (birth/adoption of sibling, move, job change, separation, death of a relative, hospitalization of child or family member)? _____

How has your child been dealing with these recent changes? _____

Is there anything about your child's eating and/or sleeping habits that we need to know? Any dietary restrictions? _____

Does your child wear underwear and successfully use the toilet: Always__ Sometimes__ Never__ N/A__

Does your child wear pull-ups and successfully use the toilet: Always__ Sometimes__ Never__ N/A__

If your child is not completely toilet trained (in underwear and using the toilet successfully almost all of the time during the day) how are you supporting them in the toilet-training process? _____

Do you have any current concerns about your child's development? If yes, please explain; _____

Does your child have any specific fears (thunder, dark, animals, masks, etc.?)

What does your child prefer to play? What does your child talk about? _____

Does your child have any imaginary friends or comforting objects? _____

How many hours a day is your child in front of a screen (tv, computer, tablet, etc.)? _____

What are your child's most comfortable situations? _____

When is your child most cautious? _____

What holidays, rituals, celebrations and/or traditions are important to your family? _____

Is it easy for your child to say good-bye to you? _____

Is it easy for you to say good-bye to your child? _____

Is there anything else you would like us to know about your child? _____

This form was completed by:

Name _____ Date _____