

## INTAKE INFORMATION

### SUNFLOWER CHILD DEVELOPMENT CENTER - INFANT

#### I. Child's Information

Name		Birthdate
Sex		Name of school, if school age

#### II. Family Information: Parents or Guardians

Name	Home Address and Phone	Place of Employment	Work Phone

Single                      Married                      Divorced                      Separated                      Foster Parent

Names and ages of other children in the home:

Name	Age	Name	Age

#### III. Play and Sociability

How does your child get along with other children?

His/her usual playmates are:              Girls                      Boys                      Older                      Younger

What is the usual size of your child's neighborhood playgroup?

Previous group experience other than school:              Preschool                      Playgroup                      Sunday school

Other (Specify):

#### IV. Personality and Emotional Development

Is your child affectionate?              Yes                      No                      To whom?

Does she/he accept new people easily?              Yes                      No

What are your child's fears?

Is your child usually happy?              Yes                      No

What, if any, nervous habits does your child have?

<b>V. Infants</b>			
Has your baby had any feeding problems? If yes, please explain:	Yes	No	
Have you noticed any allergies or sensitivities to particular foods?			
Is your baby:	Breast fed	Bottle fed	
What food is your baby eating now?			
Fruits		Juices	
Vegetables		Meats	
Cereals		Milk (Formula)	
Sleep habits during the day:			
Does your child have a “fussy” time?	Yes	No	When?
How do you handle this “fussy” time?			
Do you have special ways of helping your baby go to sleep? If yes, how.			
Does your child use a pacifier or suck thumb/fingers?			
Has toilet training been attempted?	Yes	No	What is used at home?
Is baby’s skin highly sensitive?	Yes	No	What is used at home?
How does your child relate to strangers?			
Is your child frightened by anything?			
<b>VI. Other Information: Please list some of your child’s favorite:</b>			
Snacks and drinks			
Games			
Pets			
Other activities			
Give any other information you believe will be helpful to us in understanding your child (use back if needed):			