

INTAKE INFORMATION

SUNFLOWER CHILD DEVELOPMENT CENTER - TODDLER

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?

V. Discipline

When you find it necessary to discipline your child, which parent usually does this and how?

VI. Toddlers

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?

VII. Other Information: Please list some of your child’s favorite:

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):