

**INTAKE INFORMATION
SUNFLOWER CHILD DEVELOPMENT CENTER
PRESCHOOL/SCHOOL AGE**

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

It is pertinent that any changes to your contact information be reported to the office.

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

Is your child shy or outgoing?

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 is your child's reaction to new people?

Please explain your child's emotional reaction to change. Does he/she transition with ease or is this an experience that seems difficult and/or frustrating at times?

Does your child separate from you easily or can this be a time when he/she shows anxiety? What are some things we can do to help with this experience?

Do you experience specific “trigger moments” with your child? That is, are there specific times when your child will immediately become extremely unhappy?
What are your child’s fears?
Is your child usually happy? Yes No
What, if any, nervous habits does your child have?
V. Bedtime Routine
What is your child’s general sleep pattern? (early to rise/ late to bed, etc) This information is helpful when considering your child’s energy level throughout the day and his/her level of participation in group activities. Does your child take naps and to what length of time?

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

VII. Potty Training
Is your child currently potty trained? Yes No
Potty training is a collaborative effort. If your child is in the process of potty training or showing an interest, please describe some things you are trying at home that seem to be working well. We will in turn share our experiences with your child.

VIII. Other Information: Please list some of your child’s favorite:
Dinner Foods, Snacks and Beverages
Games
Pets
Allergies
Is there any other information you would like us to know about your child?