



Clara Barton Center for Children
Intake Form

Your child's teachers and the school's director will keep the information obtained through these forms confidential. The information will be used to help your child's teachers gain insight on how to provide your child with a positive and successful experience. However, we respect your privacy and want you to share only what you feel comfortable telling us. Thank you for taking the time to complete this form.

Family

Child's Full Name _____ M/F _____

Child's Nickname _____ Date of Birth _____

(1) Parent/Guardian name _____

Relationship to Child _____ Occupation _____

Special talents or interests _____

(2) Parent/Guardian name _____

Relationship to Child _____ Occupation _____

Special talents or interests _____

Marital status of parents _____ Any custody concerns? _____

With whom does your child live? Please explain _____

Sibling(s) name(s) and age(s) _____

Other members of your household _____

Nanny / Frequent Babysitter _____

What language(s) are spoken in the home? _____

Do you have any pets at home? _____ What is it, name, etc.? _____

Health Factors

Does your child have any allergies and /or special physical condition. Please describe, and provide Allergy or Asthma Action plan, if applicable.

Is your child currently being treated for any medical problem? Please explain.

Are there any medications given regularly? Please list, and provide Allergy or Asthma Action plan, if applicable.

(over)

Has your child had a serious illness, surgery and /or accident? Please describe, including date of occurrence.

Does your child have frequent colds, ear infections, etc.? Please describe.

Does your child have any sensitivity to sounds, noises, textures? Please describe.

Were there any problems during pregnancy or soon after? Please explain.

Were there problems with delivery? Please explain.

Was your child carried full term? If no, please explain.

Food

Does your child have any food allergies? Please describe, and provide Allergy or Asthma Action plan, if applicable.

Does your child have any eating problems? Please describe.

Please note: The Clara Barton Center for Children provides 1% milk at snack and lunch each day. Snack foods are listed on a monthly menu provided to families. If your child cannot have what is on menu, please bring food from home for your child.

Sleeping

Does your child have any sleeping problems? Please describe.

Please describe your child's bedtime routine and sleep patterns.

Does your child have a favorite toy and/or blanket they need for nap time?

Toileting

Is your child toilet trained? If yes, when did your child finish his/her potty training?

If no, has toilet training been attempted? _____ If yes, please describe routine.

Does your child have sensitive skin? Please explain.

Do you use cream or powder? _____ If yes, how often do you use it?

Language

Does your child speak in words or sentences? _____ If no, please describe how your child communicates his/her needs.

Does your child have any speech/language issues? _____ If yes, please describe.

Social Development

Has your child had any previous group experiences? Please describe.

What are your child's favorite toys and activities? Please describe.

Inside:

Outside:

Are there any concerns about your child's behavior? Please describe.

Emotional Development

Please describe your child's personality traits.

Are there special things you do or say to comfort your child?

How does your child:
express anger?

react to frustration?

Does your child have any fears? How are they shown?

How do you discipline your child at home?

Do you consider your child to be: Independent _____ Dependent _____ Both _____

What concerns do you have about your child's development?

In what ways would you like to see your child develop in the next year?

What are your expectations of this program?

Please use this space to add information about your child's habits, abilities, or personality that you feel would help staff provide a good experience for him/her.

If your child has an Individual Family Service Plan (IFSP) or an Individualized Education Program (IEP), please provide a copy to the school director, who will meet with you to review the specific information from the IFSP or IEP that relates to how staff can work with your child, in partnership with you and other service providers, to assist in the child's overall development.

Parent's signature _____ Date _____

Reviewed at CBCC by _____ Date _____