

Christian Community Child Center's Intake Form: 3-5 Year Olds

Child's Name

Nickname

Birth Date

Address

Phone Number

Mother's Name

Address

Phone Number

Mother's Work

Work Address

Phone Number

Father's Name

Address

Phone Number

Father's Work

Work Address

Phone Number

Sibling Name(s) and Age(s)

Pet Name(s) and Type(s)

Does your child have food or pet allergies? Are there any other medical concerns that the center should be aware of?

What is the primary language spoken at home?

Who are important people in your child's life?

Is your child used to playing with groups of children?

What frightens your child?

What is the best way to calm your child?

Does your child nap? What time of the day? For how long?

Any advice on how to help your child settle down for the required nap time?

Is your child easily awoken?

Does your child have a special toy or blanket that they sleep with?

Please use the space below to write any further information that would help the staff better care for your child.

Completed by: _____

Date: _____