

Dear Families,

This Annual Preschool Enrollment Intake Form is to be filled out by you and returned to your child's teacher. This information is going to be used by your child's teacher to help provide a reciprocal relationship between the program and your family. We want to get to know the children's families in our care and learn about the values, expectations, and factors that shape their lives at home and in their communities. This form will be kept in the child's individual portfolio in their classroom. The background information is used to provide meaningful, relevant and respectful learning experiences for each child and family. Thank you for helping us create a program that is engaging, comforting, culturally sensitive and compassionate.

St. John's CDC Annual Preschool Enrollment Intake Form

Child's Name: _____ Date of Birth: _____ Gender: M F
Parent's Names: _____

Feeding

Is your child on any special diet? _____ Vegetarian _____ ovo-lacto _____ vegan _____ other
Does your child have any food allergies? _____ If yes, please describe

Would you allow us to post a photo of your child to alert all staff to his/her allergy? Yes No

What does your child use to drink?

_____ bottle _____ sippy cup _____ regular cup _____ nursing _____ other: _____

What are your child's favorite and least favorite foods to eat?

Sleeping

Does your child nap? _____ How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or "lovey", or pacifier? Yes No

Are there specific bedtime routines at home?

Where does your child sleep at home?

Toileting

Does your child use diapers? Yes No _____ Cloth _____ Disposable _____ Pull ups

Does your child use a potty or the toilet?

How does your child let you know that it's time "to go"?

Does your child need regular reminders to use the bathroom Yes No

Development

Do you have any concerns about your child's development? Yes No

_____ Hearing _____ Vision _____ Language _____ Gross Motor _____ Fine Motor _____ Social _____ Other

What is your child's primary spoken language? _____

Are there other languages being used with your child? _____

Social and Emotional Development

Has your child been in child care before? Yes No

Is your child comfortable in group situations? Yes No

Who does your child live with? _____

What is your child's regular routine/schedule when at home?

Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids?

How would you describe your child's temperament and personality?

Does your child have any siblings?

Does your family have any pets?

What soothes your child?

What frightens your child?

Does your child have any favorite songs or games that comforts them?

What are your expectations or hopes for your child at our child care center?

What are your expectations for the Center and Center staff members?

Is there anything regarding your family, extended family or child that you would like to share with us?

Family Support Strategies

What can we do to support your families' cultures, values, holidays and traditions?

What are two strategies that we can do to create consistency between home practices and the Center?

Opportunities for Family Involvement

What are ways that you would like to volunteer time?

___ In-class Helper ___ Field Trips ___ Donate Items ___ Family Functions ___ Shared Skills/Hobbies

If you choose not to participate in filling out this form, please sign and date, returning it to your child's teacher.
