

Child Information & Intake Questionnaire

* Required

1. Child's Name *

2. Child's Date of Birth (MM/DD/YY) *

3. Has your child ever been in childcare before? *

Yes

No

4. What type of program(s) has your child attended? *

Family Child Care (Home Provider)

Child Care Center

Child Care Ministry

Other

5. Was your experience(s) positive? *

Yes

No

Other

6. Describe your negative experience(s). *

7. Has your child ever been terminated from a childcare or preschool program? *

Yes

No

8. Describe the circumstance in which your child was terminated from a childcare or preschool program. *

9. What has changed that has resulted in you seeking childcare at this time? *

10. Describe your normal method of discipline. *

11. Does your child have any allergies? *

Yes

No

12. List your child's allergies. *

13. What are your child's favorite foods? *

14. What food does your child dislike? *

15. Is your child potty trained? (Not required for care.) *

- Yes
- No
- Currently Potty Training
- Yes, except while sleeping.

16. Does your child sit or stand to urinate? *

- Sit
- Stand
- Both
- N/A

17. What time does your child usually go to sleep at night? *

18. What time does your child usually wake up in the morning? *

19. Does your child take naps? *

- Yes
- No
- Sometimes
- No, but will rest quietly
- Other

20. Does your child have any siblings? *

- Yes
- No

21. Do the siblings live in the same household? *

- Yes
- No
- Sometimes
- Other

22. Please list siblings ages. *

23. What language(s) are spoken in the home? *

- English
- Spanish
- French
- Other

24. Does your child have fears we should be aware of? *

Yes

No

25. Describe your child's fears. *

26. Does your child have an IEP? *

Yes

No

Other

27. Does your child attend WELC? *

Yes

No

28. When does your child attend WELC? *

Morning

Afternoon

TBD

29. Does your child have any special needs? *

Yes

No

30. Describe your child's special needs. *

31. Does your child require special accommodations or care? *

Yes

No

32. Describe the special accommodations or care required. *

33. Is your child current on immunizations? *

Yes

No

No due to religious observations.

Other

34. Is your child taking medications that need administered in my care? *

Yes

No

35. List medications that need to be administered in my care and their purpose. *

36. Do you have any developmental or academic concerns about your child? *

Yes

No

37. Describe developmental or academic concerns. *

38. Are the child's parents still together? *

Yes

No

Separated

Other

39. Describe custody arrangement. *

40. What is your child's best quality? *

41. Describe your child's personality. *

42. Describe your child's interests. *

43. Does your child have any **frequent or alarming** behavioral concerns? Select all that apply. *

- Hitting
- Kicking
- Pinching
- Spitting
- Biting
- Screaming
- Inappropriate Language
- Jumping on Furniture
- Pushing
- Does not stay within safety boundaries.
- Destructive Behavior
- Inability to follow redirection or time-out requests.
- Self-Harm
- Throwing Items
- Impulsivity
- No frequent or alarming behavioral concerns.
- Other

44. Provide additional information on frequent behavioral challenges or type N/A. *

45. List any other pertinent information about your child.

46. How long do you anticipate needing care? Provide an approximate end date. *

47. Name of parent/guardian completing form. *

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