

# CHARLIE BROWN PRESCHOOL & CHILDCARE

## Intake Sheet

Tell us about your child (name) \_\_\_\_\_

### 1. Family Dynamic:

\_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Separated \_\_\_Foster Parent \_\_\_Deceased

Who lives in the home (other than who's listed on page 1)?

NAME	AGE	RELATIONSHIP TO THE CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 2. Cultural Preferences:

Is there anything you would like us to know about your family's culture, beliefs, values, etc.?

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How can we use this information to support your family/child(ren)?

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### 3. Play and Sociability:

How does your child get along with other children?

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His/Her usual playmates are \_\_\_girls \_\_\_boys \_\_\_older \_\_\_younger \_\_\_none

\* Previous childcare experience: \_\_\_Center \_\_\_Home \_\_\_Family Member

\* Previous group experiences: \_\_\_Preschool \_\_\_Playgroup

Other (specify) \_\_\_\_\_

**4. Social/Emotional Development:**

Does your child adjust to new environments easily? \_\_\_\_Yes \_\_\_\_No

Does your child have any fears?

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Does your child have any nervous habits?

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How does your child like to be comforted when sad/hurt/angry?

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**5. Personal Needs:**

Does your child have any unusual eating problems or food dislikes? (Explain)

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What is your child's naptime routine?

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Is your child potty trained? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Training

\* How dependable is he/she? \_\_\_\_\_

**6. Other Information:**

Does your child require any special accommodations?

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Give any further information that would be helpful in understanding your child or would enhance your child's experience in our program.

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