

Davis Child Care Center
Intake Information for Child Over Age 2 Years

Child Information:

Child Name: _____ Nickname: _____

Age: _____ Birthdate: _____

Siblings (names and ages):

Others living in household (names and relationship):

Pets:

Tell us about your child (any likes/dislikes, etc.):

What types of discipline do you use in your home? (i.e. ways you reinforce positive behavior, ways you handle difficult behavior, etc.)

Medical/Health History:

Is there anything about your child's medical history that we should know? (i.e. allergies, serious illness, or other health problems)

Routine Care:

Please provide information that we should know regarding your child's eating, sleeping, toileting, or comforting habits that will help us in caring for routine needs.

Social/Emotional Care:

Please describe experiences your child has had playing with other children. (i.e. other care settings, etc.)

What kinds of things frighten your child? How do you handle fears?

What are your child's favorite activities? (Indicate both quiet and active play)

What are some expectations for our care of your child?

Other:

Do you (parent) have any special skills/talents that you are willing to share with us? What?

Is there anything else you want us to know?