



ECC Child Intake Form (page 1 of 2)

The information obtained through this form will be used to help your child's teachers gain insight on how to provide your child with a positive and successful early childhood learning experience. Thank you for taking the time to complete this form!

Child's Name: _____ Date of Birth: _____

What do you call your child? Does s/he have any nicknames? _____

Parent/Guardian's Name(s): _____

Sibling(s) Name(s) and Age(s): _____

Names and Ages of Other Individuals in Child's Home: _____

Do you have any pets at home? If so, what kind and what are their names? _____

Language(s) Spoken at Home: _____

What is your child's living arrangement? _____

Does your child have any allergies and/or special physical or mental conditions (describe or list):

Does your child have frequent colds, ear infections, etc.? Yes No

If yes, please explain: _____

Does your child take medication regularly? Yes No

If yes, what kind/for what condition? _____

What are your child's favorite foods? _____

Least favorite foods: _____

Does your child like trying new foods? _____

Does your child have a regularly scheduled nap/rest time? Yes No

Length of time of regular nap/rest time: _____

Does your child have a favorite toy or blanket for nap time? _____

How does your child usually fall asleep? _____

Easily, with difficulty, back rub, etc.: _____

please complete information other side

ECC Child Intake Form (page 2 of 2)

Any other sleeping information: _____

How does your child comfort her/himself: _____

Is there anything special you do or say to comfort your child? _____

Describe your child's personality/temperment: _____

My child feels happy when: _____

My child feels angry when: _____

S/he expresses anger by: _____

Does your child have any fears? If yes, how are they shown and what do you do at home to help your child cope? _____

Does your child have temper tantrums? How do you handle them? _____

What is your discipline style at home? _____

Do you follow a particular parenting philosophy? _____

Has your child learned to use the toilet? _____

Does your child have accidents? Frequency? _____

How does your child communicate his/her need to use the toilet? _____

What are some of your child's favorite toys and activities? _____

How much screen time does your child get daily? _____

What are your child's favorite shows? _____

Do you have any areas of concern (socially, behaviorally, emotionally, etc.) about your child's development? _____

What are your expectations for your child's school experience? _____

What is your preferred way of communication? Daily Connect Email Phone Call

