



Minnesota JCC

Early
Childhood
Center

Toddler-Prek Classroom Intake (page 1 of 2)

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name(s): _____

GETTING TO KNOW YOUR FAMILY

Expected drop-off and pick-up Hours: _____

Which parent/guardian should we call first if we should need to contact you? _____

Do you prefer contact through Daily Connect or a phone call? _____

Has your child been enrolled in childcare before? If so, what did you like/not like about that experience?

Do you follow a particular parenting philosophy?

How do you set limits at home? (Boundaries, dealing with positive and negative behavior)

Who are the important adults in your child's life? _____

Sibling(s) Name(s) and age(s) _____

Any pets? _____ Language spoken at home? _____

Are there any routines or spiritual/religious practices that we should be aware of?

Are there any other cultural aspects that you want to incorporate into your child's day?

GETTING TO KNOW YOUR CHILD

Do you have any nicknames for your child? _____

What are your child's favorite activities? Favorite toys, books, songs?

How does your child handle being separated from you?

How do they like to be comforted when upset? _____

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Does your child have any particular fears? _____

How does your child deal with anger and frustration? _____

Has anyone expressed concern about any aspect of your child's development?

Any birthmarks or other colorations? _____

NAPS/SLEEPING

Tell us about your child's sleeping habits/patterns:

EATING

What are your child's favorite foods? _____

What are your child's least favorite foods? _____

Does your child have any allergies or food sensitivities? _____

EXPECTATIONS FOR CHILDCARE

What kind of information would you like to get from your child's teacher?

What types of things do you want to hear about your child's daily experiences?

What are your expectations for your child's experience at the center?

Is there anything else that you would like us to know?

