



Rock Spring Children's Center Intake Form

Welcome to the RSCC family! In order for us to get to know **your** family better we ask that you fill out the following form. However, we do respect your privacy and want you to share only what you feel comfortable telling us. All information obtained will be kept confidential among your child's teachers and directors. Thank you!

Family Background

Child's Full Name _____ M/F _____

Child's Nickname _____ Date of Birth _____

(1) Parent/Guardian Name _____

Relationship to Child _____ Occupation _____

Special talents or interests _____

(2) Parent/Guardian Name _____

Relationship to Child _____ Occupation _____

Special talents or interests _____

Marital status of parents _____ Any custody concerns? _____

With whom does your child live? Please explain _____

Sibling(s) name(s) and age(s) _____

Other members of your household _____

Have there been any special influences on your child that we should know about, such as divorce, death in the family, child's parent or guardian hospitalization? _____

Nanny/Frequent Babysitter _____

What language(s) are spoken in your home? _____

Do you have any pets at home? _____ What is it, name, etc? _____

Health Factors

Does your child have any allergies and/or special physical condition(s)? Please describe, and provide Allergy or Asthma Action plan, if applicable _____

Is your child currently being treated for any medical problem? Please explain _____

Are there any medications given regularly? Please list _____

Has your child had a serious illness, surgery and/or accident? Please describes, including date of occurrence _____

Does your child have frequent colds, ear infections, etc? Please describe _____

Does your child have sensitivity to sounds, noises, textures? _____

Were there any problems during pregnancy or soon after? Please explain _____

Were there any problems with delivery? Please explain _____

Was your child carried full-term? In no, please explain _____

Food

Does your child have any food allergies? _____

Does your child have any eating problems? Please explain _____

Please note: RSCC offers organic whole milk for children up to 2 years old, and organic 2% milk for children 2 and older. Snack and breakfast foods are listed on a monthly menu provided to families. If your child cannot have what is on the menu, please bring food from home for your child.

Sleeping

Does your child have any sleeping problems? Please explain _____

Please describe your child's bedtime routine and sleep patterns _____

Does your child have a favorite toy and/or blanket they need for nap time? _____

Toileting

Is your child toilet trained? If yes, when did your child finish his/her potty training? _____

If no, has toilet training been attempted? _____ If yes, please describe routine _____

Does your child have sensitive skin? Please explain _____

Do you use cream or powder? _____ If yes, how often? _____

Language

Does your child speak in words or sentences? _____ If no, please describe how your child communicates his/her needs _____

Does your child have and speech/language issues? _____ If yes, please describe _____

Social Development

Has your child had any previous group experiences? Please describe _____

What are your child's favorite toys and activities? Please describe:

Inside:

Outside:

Are there any concerns about your child's behavior? Please describe _____

Emotional Development

Please describe your child's personality traits _____

Are there special things you say or do to comfort your child? _____

How does your child:

express anger? _____

react to frustration? _____

How do you discipline your child at home? _____

Do you consider your child to be: Independent _____ Dependent _____ Both _____

What concerns do you have about your child's development? _____

In what ways would you like to see your child develop in the next year? _____

What are your expectations of this program? _____

Please use this space to add any information about your child's habits, abilities, or personality that you feel would help staff provide a good experience for him/her:

Parent's Signature _____ Date _____
Reviewed at RSCC by _____ Date _____