

ADVENTURE-LIFE PRESCHOOL

INTAKE INFORMATION

I. Identification Information

A. Child's Name _____ Birthdate _____ M / F

If child does not use his/her legal first name, please list the name he/she will be using

B. Mother:

Name _____

Address _____

Phone Number _____

Place of Employment _____

Phone Number _____

C. Father:

Name _____

Address _____

Phone Number _____

Place of Employment _____ Phone Number _____

D. Guardian or Custodian other than parent (if applicable)

Name _____

Address _____

Phone Number _____

Place of Employment _____

Phone Number _____

E. Babysitter (if applicable)

Name _____

Address _____

Phone Number _____

II. Family History:

Marital Status of Parents: Married _____ Divorced _____ Separated _____

Widowed _____ Single _____

Other Children in the Home (name and birthdate):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Church Your Family Holds Membership In: _____

III. Physical Regime

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

What is your child's usual bed time _____ usual waking time _____

What is your child's attitude toward going to bed and taking a nap? _____

IV. Play and Social Skills

How does your child get along with other children? _____

Are your child's playmates girls _____ boys _____ younger _____ older _____

What is the usual size of neighborhood play group? _____

Previous group experience: preschool _____ play group _____

Sunday School _____

V. Personality and Emotional Development

Do you regard your child as affectionate? _____ To whom? _____

Does your child accept new people easily? _____

What are your child's fears? _____

What is your child's usual temperament? _____

What nervous habits does your child have? _____

When does your child show them? _____

VI. When you find it necessary to discipline your child, which parent usually does this and how? _____

VII. Give any further information which you believe will be helpful to us in understanding your child. (In case of handicap - describe) _____

Please let us know if you have a family emergency such as family members in the _____ hospital. This will enable us to understand if your child's behavior changes.

IN CASE OF EARLY DISMISSAL DUE TO INCLEMENT WEATHER AFTER CLASSES HAVE ALREADY BEGUN - PLEASE CALL _____ Phone Number _____