

Child's Name: _____

Date of Birth: _____

Family Intake Form

Child's Nicknames: _____

Child lives with: ____ Mother ____ Father ____ Guardian

Mother's Name: _____
(or Guardian)

Father's Name: _____
(or Guardian)

Cell Number: _____

Cell Number: _____

Work Number: _____

Work Number: _____

Email: _____

Email: _____

UIS Student? _____

UIS Student? _____

Insurance Company: _____

Policy Number: _____

Emergency Contact: _____

Emergency Contact: _____

Phone Number: _____

Phone Number: _____

Relationship: _____

Relationship: _____

People authorized to pick up your child (other than yourself and emergency contacts):

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Contact Number: _____

Contact Number: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Contact Number: _____

Contact Number: _____

Names and ages of bothers/sisters: _____

Other important family matters: _____

Names and types of pets: _____

Languages spoken in the home: _____ Special Holidays: _____

Any special cultural information that will assist us in working with your child: _____

Food restrictions related to your beliefs: _____

Bedtime: _____ Naptimes: _____ Length of nap: _____ Waking mood: _____

Signs your child is tired: _____ Comfort item(s): _____

When is comfort item needed: _____ Should it be sent home each night: _____

Favorite foods: _____ Food dislikes: _____

Food Allergies: _____ Food Allergy Action Plan: _____

Is your child potty trained: _____ How will we know if he/she needs to use the restroom: _____

Diapering instructions: Ointment: _____ Powder: _____ Other: _____

Medical Issues: _____

Developmental Issues: _____

Therapy Services: _____

IEP/IFSP: _____

Child's Name: _____

Date of Birth: _____

Asthmatic: _____ Asthma Action Plan: _____

Seizure Activity: _____ Seizure Action Plan: _____

Medical restrictions: _____

Daily Medications: _____ Times to be given: _____



Describe your child's ability to communicate: _____

Special names for items: _____

Signs your child is upset: _____ happy: _____ sick: _____

Wants something: _____ likes something: _____

Previous child care experience: _____

How does your child play alone: _____

How does your child interact with adults: _____

How does your child interacts with other children: _____

How does your child interact in a group: _____

How does your child play inside: _____ Outside: _____

How does your child play with older children: _____ Younger children: _____

What upsets your child: _____ Fears: _____

Nervous habits: _____ Favorite Activities: _____

Strengths: _____ Weaknesses: _____

Developmental concerns: _____

Information that you would like to share with us to better care for your child: _____

