



RainbowLand

Child Development Center

Intake for children over 2 years of age

Child's Name: _____

Date of Birth: _____

Eating:

1. Is your child on any special diet? Yes No
2. Does your child have any food allergies? Yes No
3. Does your child have any feeding problems?
4. Does your child feed themselves? Yes No Spoon Fork Other: specify _____
5. What does your child like to eat? _____

Sleeping:

1. Does your child nap? Yes No How long? _____
2. Does your child sleep with a special blanket or stuffed animal? _____

Toileting:

1. Is your child potty trained? Yes No In the process
2. Does your child use a potty chair or the toilet? _____
3. How does your child let you know that they have "to go"?
4. Does your child need regular reminders to use the bathroom? Yes No
5. Does your child have toileting or bowel issues? _____

Development:

1. Do you have any concern about your child's development? Yes No

___Hearing ___Vision ___Language ___Gross Motor ___Fine Motor ___Social ___Other

If yes, please explain:

2. Child primary language? _____Are there any other languages being used? _____

Social Emotional:

1. Has your child been in childcare before? Yes No

2. Is your child comfortable in group situations? Yes No

3. Is there anything we should know about your child's interactions with other children, by themselves or any other concerns?

4. What kinds of activities does your child enjoy? Are there activities that your child avoids?

5. How would you describe your child's temperament and personality?

6. Does your child have any siblings? What are their names?

7. Does your family have any pets & what are their names?

8. What soothes your child?

9. What frightens your child?

10. Favorite songs or games that comforts them?

11. Is there anything regarding your family, extended family, or child that you would like to share with us?