



THE ROCKEFELLER UNIVERSITY
CHILD AND FAMILY CENTER

Preschool Intake Information Form

Child's Name: _____ Birth Date: _____

Child's Birthplace: _____

Parent's Name(s): _____

Siblings: (name, age, gender): _____

Other adults living with the family: _____

Other adults with whom your child spends a great deal of time with: _____

Do both parents live in the household? ☐ Yes ☐ No

Speech: Language(s) spoken at home, outside of home: _____

Language(s) understood: _____

Was your child adopted? ☐ Yes ☐ No If so, at what age? _____

What has s/he been told? _____

Describe the most recent changes at home (e.g. birth/adoption of a sibling, moved, parent changed job, separation, death of a relative, hospitalization of a child or close family member, grandparents visiting, etc.). What was your child told and what was his/her reactions?

Please describe your child's eating habits: _____

Any forbidden foods or allergies? _____

What is the routine for bedtime and what time does it usually occur? _____

Does s/he nap? _____ When? _____ Sleep in a crib? _____

Sleep through the night? _____ Need anything special to sleep with? _____

Wake up occasionally or often? _____

Share a room or share a bed? _____ With whom? _____

Have you started toilet learning? _____

At what age? _____ Completed? _____

How did s/he accept the process? _____

Does s/he have a special name for going to the bathroom? _____

Has your child had any serious illnesses or been hospitalized? ☐ Yes ☐ No

If yes, please explain: _____

Ear/hearing problems? _____

Visual problems? _____

Physical issues? _____

Do you have any current concerns about your child's development? If yes, please explain:

Fears? (thunder, dark, animals, masks, etc.) _____

Imaginary friends/ comforting objects? _____

How many hours a day does your child watch television? _____ Or play on the computer? _____

What does s/he prefer to watch or play? _____

Do you watch TV, videos, or play computer games with your child? _____

How do you discipline your child? _____

Child's most comfortable situations: _____

Situations where child is most cautious: _____

Is it easy for you to say good-bye to your child? _____

Is it easy for your child to say good-bye to you? _____

What are your child's interests now? What does s/he talk about? _____

Is there anything else you wish to add to help us know your child? _____

Thank you!