

## INTAKE FOR CHILD OVER 2 YEARS – CHILD CARE CENTERS

**Use of form:** This form collects information about children over age 2 in order to aid child care workers in individualizing the program of care for the child in a family or group day care center. Personally identifiable information on this form is collected to assist in providing quality child care services and will be used only for this purpose. [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** This form is to be completed by a parent and must be on file at the center prior to a child's first day of attendance. Regular updates are not required. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

First Day of Attendance (mm/dd/yyyy)

### PARENT / CHILD NAME AND ADDRESS

Name – Child (Last, First, MI)

Nickname (If any)

Birthdate (mm/dd/yyyy)

Name – Parent(s) (Last, First, MI)

Telephone Number– Home

Address – Parent(s) (Street, City, State, Zip Code)

**HEALTH** Note: Health conditions that may affect the care of the child must be recorded on the department's form, Health History and Emergency Care Plan. The form should be shared with any person who provides care for the child.

Child has frequent colds, ear infections, colic, etc.– Describe.

UPDATES

### MEALS

Current feeding schedule

Length of time on current schedule

Feeds self

Yes  No If "Yes", uses:  Spoon  Fork  Hands

Special feeding problems

Yes  No If "Yes" – Specify:

Food allergies

Yes  No If "Yes" – Specify

Favorite foods – Specify

Refused foods – Specify

UPDATES

**SLEEP**

Current sleep schedule Length of time on current schedule

Falls asleep easily Mood upon awakening – Describe.  
 Yes  No

Takes favorite toy(s) to bed  
 Yes  No If “Yes” – list toy(s):

**DIAPERING / TOILETING**

Diaper – type Highly sensitive skin  
 Cloth  Disposable  Pull Ups  Cloth Trainers  Yes  No

Toilet training attempted  
 Yes  No If “Yes” – Describe routine.

Type of toilet seat used at home  
 Potty chair  Special Toilet Seat  Regular toilet seat

Regular bowel movements  
 Yes  No How often:

Toileting problems  
 Yes  No If “Yes” – Describe.

UPDATES

**VERBAL COMMUNICATION**

Family speaks what language(s)

Age child began talking. Child speaks in  
 Words  Sentences

Words used to describe special needs – Specify.

**COMFORTING**

Child likes to be  
 Held  Sung to  Rocked  Read to  Other – Specify.

Special things you say or do to comfort child

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**SELF – EXPRESSION**

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What causes your child to feel angry or frustrated?

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What frightens your child and how is it shown?

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How does your child express feelings of happiness, enjoyment, etc?

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**SOCIAL DEVELOPMENT**

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Is your child used to playmates?

Yes       No

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Child's indoor favorite toys and activities – Specify.

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Child's outdoor favorite toys and activities – Specify.

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By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in child care. List any additional information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

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UPDATES

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**SIGNATURE** – Parent

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Date Signed