



Bonny Doon Community Preschool

Parent Intake Form- Part I

CONFIDENTIAL

Date: _____

My Child is enrolled in:

_____AM program _____ Full Day

_____ 2 day _____ 3 day _____ 5 day

The Child

1. Child's First Name _____ Age _____ Sex _____
Birth date _____ Place of Birth _____

2. Has your child attended other preschools? _____
If so, which one(s)? _____
Describe your child's experience to the program(s) _____

3. Does your child have any health/physical challenges or allergies you wish to call to our attention?

Please let us know about any problems that occurred close to or at the time of your child's birth:

Has your child had any serious accidents or illnesses? _____ If yes, please describe and tell us at what age. _____

4. As accurately as you can remember, how old was your child when she/he:
Sat up? _____ Crept? _____ Walked? _____
What kinds of physical activities does she/he enjoy now? _____

What kinds of physical activities does she/he tend to dislike or avoid?

Please describe your assessment of your child's style and skill level of physical activity. (i.e. careful/reckless/skillful/unsure/still learning how to.../confident/fearful) _____

5. As accurately as you can remember, at what age did your child begin to:
Talk? _____ Does your child have any speech problems? _____

6. Was your child breast or bottle-fed? _____ For how long? _____
How did weaning occur? _____

7. Describe your child's sleeping situation: Where does the child sleep, (i.e. in what room, on what type of sleeping material, i.e. futon, bed, mat, crib...)

Does your child sleep alone? _____ If not, with whom do they sleep with? _____

Does your child go to sleep at a regular time at night? _____ If so, what time is it? _____

Does your child wake up in the morning at a regular time? _____

If so, what time is it? _____

Does your child nap in the afternoon? _____

Please describe any ritual or special things your child must have or do before he/she goes to sleep?
(i.e. story, snack, snuggle time, crying, having their head or feet rubbed in a special way, arguments)

Does your child go right to sleep? _____ If not what does he/she do before he/she falls asleep? _____

How does your child wake up? (i.e. alone or with help) _____

How would you describe your child's typical mood upon waking up? _____

Does your child have nightmares/night fears? _____ If so what are they? _____

What does your child do to express these fears? _____

What do you do? _____

8. Does your child have bowel control? _____ If so when was it established? _____

How did she/he learn this? _____

How do you and she/he respond to "accidents"? _____

What is your child's word for bowl movement? _____

What is your child's name for urination? _____

9. To what extent does your child participate in dressing him/herself (i.e. choosing clothing, putting on socks, combing hair, snapping, zipping, buckling, pulling up pants, etc.)? _____

10. Does your child: Watch television? _____ Approx. hours per week? _____

Play video games? _____ Approx. hours per week? _____

Watch videos? _____ Approx. hours per week? _____

Use/play with a computer? _____ Approx. hours per week? _____

What television programs, video games, videos or computer activities are they currently seeing/using?

11. What kinds of activities does the child prefer when she/he plays alone? _____

Does your child have sisters or brothers? _____ Who and what age(s) _____

Describe your child's activities and interactions with siblings: _____

Do any difficulties occur? _____ If so what kinds? _____

How are they expressed? _____

How are they resolved? _____

Does your child have playmates in the immediate neighborhood? _____

Are they younger? _____ Older? _____ Same Age? _____

Describe the child's activities and interactions with the neighborhood children _____

12. What kinds of situations make your child feel fearful? _____

How does your child express these fears? _____

What kinds of situations allow your child to feel safe? _____

13. When does your child get angry? _____

How does he/she express this? _____

14. Describe your child's experiences, if any, with:

Music? _____

Art Materials? _____

Books? _____

Natural materials such as water, sand and dirt? _____

The Family Structure

1. Parent/Guardian #1- FIRST NAME _____ Age _____
Relationship to the child _____
Present Occupation _____
Do you work outside the home? _____
If so, how many hours per week? _____

Parent/Guardian #2- FIRST NAME _____ Age _____
Relationship to the child _____
Present Occupation _____
Do you work outside the home? _____
If so, how many hours per week? _____

2. Has your child experienced the loss of a parent/guardian through divorce/separation/death? _____
If yes, please explain _____

How was this explained to the child? _____

How has the child responded? _____

3. If parents/guardians are separated, does the child see both parents? _____

Describe what you think this experience is like for your child. _____

4. Is there any member of the household who is seriously ill, physically or mentally challenged or differently abled? _____
If so, please describe briefly _____
How has this been explained to the child? _____

How has the child responded? _____

5. How long has your family lived in Santa Cruz? _____

6. Are the parent/guardians are from a country other than the United States, if so which one? _____

7. Are there traditions or customs from your home country that you would like BDCP to incorporate into your child's school experience? _____

8. What languages are spoken in the home? _____

9. What languages does the child speak and/or understand? _____

10. List all the children in the family, including this child in order of birth.

Name (First Names Only)	Age	Sex	Date of Birth

List other members of household (relatives, roommates) _____

Home and Neighborhood

1. What is the general setting of your neighborhood? (i.e. rural, residential, apartment, room in larger home, farm) _____

2. Describe your type of dwelling and child's outdoor play space. _____

3. Where does your child play in your home? _____

4. What are your child's most common or favorite activities at home? _____

5. Where does your child play in your neighborhood? _____

6. What are your child's most common or favorite activities when playing with friends from your neighborhood? _____

