



**Bonny Doon Community Preschool**

**Parent Intake Form- Part II**

**CONFIDENTIAL**

**Parent/Guardian Information Form-** to be filled out separately by each parent/guardian

Child's First Name Only \_\_\_\_\_

Your Relationship to this child? \_\_\_\_\_

Date \_\_\_\_\_

1. What kinds of things do you and your child enjoy doing together? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What kinds of things of you enjoy observing your child doing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What kinds of activities does your child attempt, that make you laugh?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does she/he respond? \_\_\_\_\_

\_\_\_\_\_

4. What kinds of activities does your child attempt that make you anxious? Angry? Embarrassed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you do? \_\_\_\_\_

\_\_\_\_\_

How does the child respond? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. In what areas or activities are you and your child currently struggling over/growing through? (i.e. food, bedtime, limits, etc.) \_\_\_\_\_

\_\_\_\_\_

What do you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does the child do? \_\_\_\_\_

\_\_\_\_\_

How does it get resolved (if it gets resolved)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What do you do if the child gets frightened? \_\_\_\_\_

If your child gets upset and cries? \_\_\_\_\_

If your child gets into a fight with siblings or playmates? \_\_\_\_\_

If your child gets mad at you? \_\_\_\_\_  
\_\_\_\_\_

7. List things that you enjoy most about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is difficult for you about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What do you hope your child will learn at school this year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What holidays, celebrations or other events are observed in your family? \_\_\_\_\_  
\_\_\_\_\_

11. What are your personal goals/hopes for you, your child and your family this year? \_\_\_\_\_  
\_\_\_\_\_