



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? _____
