

Busy Bee Parent Intake Form



*This questionnaire was developed to give our staff a comprehensive look at your child. With your help, our goal is to enhance your child's learning experience. By knowing your child's habits and the ways he/she responds to various situations, the teachers at Busy Bee can better meet their needs. If you feel uncomfortable in answering any of the questions, please leave it blank. The information in this form is **strictly confidential** and for staff purposes only.*

Information

Child's Name: _____ DOB: _____

Parent(s) Name(s): _____

Primary language spoken in home: _____

Persons living in the home (include siblings, pets, etc): _____

Describe your child's family dynamic (i.e. single parent household, both parents present, married, divorced parents, how often do relatives/friends come around, who often cares for him/her): _____

Who has primary legal custody? Mother _____ Father _____ Share custody _____

Other (Friend/Grandparents/Siblings, etc) _____

Have there been any major changes in the family recently? Divorce/Separation _____

Birth _____ Death _____ Move _____

Where do you live? (house/apartment/ stairs, etc): _____

Has your child been in another child care facility? (Please describe):

Please list child care center/provider: _____

Describe your child's experience in the program (what did you like/didn't like about it):

Do you have any special considerations about your child's care you would like to discuss with us? _____

Child

Was your child born full term/prematurely (if so how prematurely?):

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

When was your child's last wellness visit? _____

Is there anything we should be aware of? _____

How would you describe your child's general health? _____

Does your child have any identified disabilities/medical conditions?

If yes, what can we do to accommodate your child's participation?

Does your child participate in any special holidays or celebrations during the year?

Would you be willing to share your time with your child's class by discussing cultural items, experiences, or stories? _____

Child's Development and Language

Approximately how old was your child when he/she: Sat up? _____ Crept? _____

Walked? _____ Spoke? _____

Does your child make any sounds? (car sounds, animal sounds, not at all, etc)

How does your child communicate? (i.e. babble, point, words, signs, etc)

How many words does your child use? _____

Does your child use string words together yet? (sentences) Yes _____ No _____

Does your child understand simple directions? (i.e. "Put it there," "Get your coat,")

Yes _____ No _____

Do you have any concerns about your child's speech or communication abilities?

What kinds of physical activities does he/she enjoy now? _____

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

How would you assess your child's approach toward physical activities? (confident, cautious,

fearless, etc) _____

Sleeping Habits

Describe your child's sleeping situation. Where does he/she sleep? (i.e. what room, in a crib, shared room?): _____

Does your child go to sleep at a regular time at night? What time? _____

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

Does your child nap in the afternoon? Length and time(s)?

Does your child go right to sleep? Please describe his/her sleeping ritual or special things your child must have or do before he/she goes to sleep? (i.e. special blanket, snuggle time, cuddly, rocking, pacifier etc):

How does your child wake up? What is his/her typical mood upon waking up?

Eating

Is your child on any special diet? (Vegan, Ovo-Lacto, etc. Please describe in detail.)

Does your child have any food allergies?

Has your child had any: Shellfish/Seafood _____ Nut/Nut products _____ Honey _____

Can we post a photo of your child to alert all staff members of his/her allergy? _____

What does your child use to drink? (bottle, sippy- cup, etc): _____

Does your child feed himself/herself? _____

What foods does your child eat? Dislike? Like?

Does your child sit at the table when eating or are they in a high chair? Does he/she eat with the family?

Is there anything about your child's eating habits or nutritional needs you would like to discuss?

Toileting

Has your child shown any interest in going on the potty? _____

Is your child aware of their urination or bowel movements yet? _____

How does your child let you know that they need "to go"? _____

What words do you use for toileting activities? (i.e. pee-pee, poops, etc) _____

How would you like to approach potty-training when that time arrives? _____

Would you prefer to provide your own diaper cream? Yes _____ No _____

Busy Bee to provide _____ Prefer none to be used _____

Social and Emotional

How do you set limits for your child? _____

How would you describe your child's temperament? (i.e. friendly, feisty, flexible, etc):

Tell us about your child's personality (i.e. shy, outgoing, high energy, etc): _____

Tell us about your child's experiences with other children: _____

Does your child approach or withdraw when faced with new people or experiences? _____

What activities does your child enjoy? _____

What activities does your child resist? _____

How does your child behave when stressed? _____

What soothes your child? _____

What is your child's routine at home? _____

Tell us about your expectations for your child while they are in our care: _____

What kind of communication would you like to have with the staff? _____

Is there anything regarding your child, family, extended family that you would like to share with us? (special interests, hobbies, collections, talents, etc)

We hope that your child's time at Busy Bee is engaging, productive, and fun! We encourage the free expression of cultural differences in our program. If you have any questions or concerns about your child's care, please do not hesitate to express them to us. Our goal is for each child to feel valued and important here at Busy Bee.