

Busy Bee Parent Intake Form



Upstairs Hive (3-4 year old)

Welcome to Busy Bee Childhood Development Center! This questionnaire was developed to give our staff a comprehensive look at your child, for the purpose of making your child's day at Busy Bee as enriching and helpful as possible. The information in this form is strictly confidential and only obtained to enhance your child's experience at Busy Bee. Our goal is for each child to feel valued and important here at Busy Bee.

Child's Name: _____

Date of Birth: _____

Nickname: _____

Is your child potty-trained? Yes _____ No _____

What age did your child walk? _____ Talk? _____

Child, Family and Home

1. What is the main language(s) spoken at home?

2. Are there any cultural practices you'd like to share with us? (if yes, please give an example)

3. Does your child have speech difficulties? _____

4. Describe your child's family and who lives in the household (i.e. grandparents, siblings, aunts/uncles, pets, etc):

5. Have you had any changes in the household over the past year? (i.e. death, divorce, moving, etc)

6. Describe your home inside and out (i.e. apartment, stairs, loft, outdoor space, etc):

7. Describe your child's temperament/personality (i.e. curious, funny, helpful, aggressive, etc):

8. What is the method of discipline used in your home? Do both parents subscribe to the same method or style?

9. How does your child like to be comforted? What are the particular words you use?

10. Describe the characteristics that you and other family members appreciate about your child?

11. What are some of your child's favorite things? (i.e. dress up, music, puzzles, books, etc)

12. Do you have any special considerations about your child's care you would like to share/discuss with us? Do you have any concerns about any aspect of your child's development?

13. Has your child been in a school setting or childcare in the past? Please provide details (i.e. success stories, concerns, teachers, etc)

14. Briefly describe your child's experience with other children. (i.e. playdates, other schools, siblings, etc)

15. How does your child show she/he is comfortable with new people/environment?

Eating Habits and Health History

1. Does your child have any known allergies? _____

2. Does your child have any dietary restrictions?

3. Please tell us of your child's eating habits, usual meal, eating routine, likes/dislikes.

4. Do you have any concerns about any aspect of your child's food intake?

5. Does your child have a chronic or frequent health concern that we need to know about?
Any history of illness or injury? _____

6. Does your child have any special needs?

Goals, Activity and Sleeping Habits

1. What are specific hope and goals for your child's learning and development?

2. How can our staff support you and your child in reaching these goals?

3. Does your child nap regularly? If so, what time? What are signs your child's sleepy?

4. Where does your child sleep? (i.e. with parent, in bedroom, alone, etc)

5. What helps your child go to sleep/soothe him/herself? (i.e. cuddling, reading, blanket, music, snuggly, etc)

6. How does your child wake up? (i.e. slowly, needing to use the toilet, grumpy, etc)

7. How active is your child? Any time of day he/she is more or less active?

8. What kind of activities does your child seem to be very good at? Shy from? Do you have any concerns? _____
