

CHILD INTAKE INFORMATION

Name:

DOB:

Nickname:

Siblings/Ages:

Previous program name:

Special people/caregivers for your child:

Favorites-Toys/Activities:

Favorites-Foods:

Dislikes:

Personality description:

Health concerns:

Dietary Needs/Preferences:

Developmental concerns:

Dominant Language (if not English:

Secondary Language:

***If not English, please provide these words in your child's primary language:**

Hello		Sad		Book	
Goodbye		Hungry		Bathroom	
Please		Thirsty		Give	
Thank you		Play		Share	