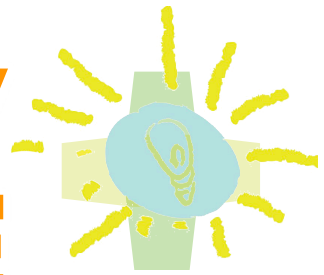


# CHILD & FAMILY INTAKE

BAMBINICREATIVI  
Early Years



Your child's teachers, and the school's director, will keep the information obtained from these forms confidential. The information will be used to help your child's teachers gain insight on how to provide your child with a positive and successful experience. However, we respect your privacy and want you to share only what you feel comfortable telling us. Thank you for taking the time to complete this form.

## FAMILY INFORMATION

Child's Name: \_\_\_\_\_ Gender: Male Female

Child's Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Custody Concerns? \_\_\_\_\_

With whom does your child live? Please Explain. \_\_\_\_\_

Sibling(s), Name(s), and Age(s): \_\_\_\_\_

Nanny or frequent babysitters: \_\_\_\_\_

Other members of your household: \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

Does your family have any pets? What kind and what are their names?  
\_\_\_\_\_

## HEALTH FACTORS

Does your child have any allergies and /or special physical condition. Please describe, and provide Allergy or Asthma Action plan, if applicable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently being treated for any medical problems? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medications given regularly? Please list medications, dosages, and when they need to be taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had a serious illness, surgery and/ or accident? Please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have frequent colds, ear infections, etc.? Please describe.

---

---

---

Does your child have any sensitivity to sounds, noises, textures? Please describe.

---

---

---

Were there any problems after pregnancy or soon after? Please explain.

---

---

---

Were there any problems with delivery? Please explain.

---

---

---

Was your child carried full-term? If no, please explain.

---

---

---

**FOOD**

Does your child have any food allergies? Please describe and provide an Allergy and Asthma Action Plan if applicable.

---

---

---

---

---

---

Does your child have any eating problems? Please describe.

---

---

---

Please note: Bambini Creativi provides milk at snack and lunch each day. Snack foods are listed on a monthly menu provided to families. If your child cannot have what is on menu, due to medical or health related restrictions, please arrange to speak to our Healthy Living Specialist.

**SLEEPING**

Does your child have any sleeping problems? Please explain.

---

---

---

Please describe your child's bedtime routine and sleep patterns:

---

---

---

Does your child have a special blanket or soft toy they may need for rest time?

---

Does your child have a special blanket or soft toy they may need for rest time?

---

---

**TOILETING**

Is your child potty trained? If yes, when did your child finish his/her toilet trainings?

---

---

If no, has toilet training been attempted?\_\_\_\_\_ If yes, please describe the routine.

---

---

---

**SOCIAL DEVELOPMENT**

Has your child had any previous group experiences? Please describe.

---

---

What are your child's favorite type of toys and activities? Please describe.

Inside:\_\_\_\_\_

Outside:\_\_\_\_\_

Are there any concerns about your child's behavior? Please describe.

---

---

---

**EMOTIONAL DEVELOPMENT**

Please describe your child's personality traits. \_\_\_\_\_

---

---

---

Are there special things you do or say to comfort your child?\_\_\_\_\_

---

---

How does your child express anger, and react to frustration?\_\_\_\_\_

---

---

Does your child have any fears? How are they shown?\_\_\_\_\_

---

---

How do you discipline your child at home?\_\_\_\_\_

---

---

Do you consider your child to be Independent, Dependent, Both:\_\_\_\_\_

---

---

What concerns do you have about your child's development?

---

---

---

---

---

---

---

---

In what ways would you like to see your child develop in the next year?

---

---

---

---

What are your expectations of this program?

---

---

---

---

How do you hope to grow as a parent this year?

---

---

---

---

How would you like to contribute your talents, knowledge, or skills to Bambini Creativi's educational project?

---

---

---

---

Please use this space to add information about your child's habits, abilities, and personality that you feel would help the educational team to provide better care for him or her.