



## JCYS George W. Lutz Family Center Child Intake Form

**We would like to know more about your child through *your* eyes. The more we know, the better we can tailor our classroom environment to meet his or her needs. Please take the time to complete this as thoroughly as possible. Thank you!**

Child's name \_\_\_\_\_ Preferred nickname \_\_\_\_\_ DOB \_\_\_\_\_

How would you best describe your child's personality (outgoing, slow to warm, easy going, jumps right in, cheerful, quiet, perfectionist, anxious, stubborn, bossy, shy, etc.)? \_\_\_\_\_

\_\_\_\_\_

In what areas does your child shine? \_\_\_\_\_

\_\_\_\_\_

In what areas does your child struggle? What are some challenges you see at home? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

How does your child let you know they are upset? \_\_\_\_\_

\_\_\_\_\_

How does your child prefer to be comforted (lovey, hugs, leave them alone, etc.)? \_\_\_\_\_

\_\_\_\_\_

What types of toys does your child gravitate towards (building, art, imaginative play, etc.)? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

Foods s/he avoids? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

\_\_\_\_\_

Is this your child's first school experience? Where else has s/he gone prior to Lutz? \_\_\_\_\_

\_\_\_\_\_

Tell us about any significant change over the past year (baby, move, new job, death in the family, illness, divorce, etc.). \_\_\_\_\_

\_\_\_\_\_

What was your child's reaction to this change? \_\_\_\_\_

\_\_\_\_\_

What do you want us to be most sensitive about regarding your child's needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three goals you have for your child in school this year.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Are there any other languages spoken regularly? \_\_\_\_\_

If your child is adopted, please let us know if they are aware of this and if there is anything we should know in order to be most sensitive. \_\_\_\_\_

Is your child on any medication(s) or do they have any allergies we need to be aware of? If so, please list them. (If your child has allergies, please make sure you've filled out our medical action form with your doctor). \_\_\_\_\_

Has your child received any special services (speech, OT, PT, etc.) or are they currently receiving services? Please describe. \_\_\_\_\_

If your child is in kindergarten, do they have an IEP (individualized education plan)? Circle: YES NO

Please share any additional information that you care to provide which will help us to best support your child this year. \_\_\_\_\_

Does your child currently wear: (Please circle) \_\_\_\_\_ diapers \_\_\_\_\_ pull-ups \_\_\_\_\_ underwear  
Any comments regarding your child's toileting habits? \_\_\_\_\_

Has your child experienced any major illness or surgery? If so, please describe. \_\_\_\_\_

About how old was your child when s/he began to: \_\_\_\_\_ Crawl  
\_\_\_\_\_ Walk  
\_\_\_\_\_ Speak multiple word sentences

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**Family Information**

Parent/Guardian #1

Name \_\_\_\_\_ What does your child call you? \_\_\_\_\_

Marital status \_\_\_\_\_ If divorced, please share your custody arrangement. \_\_\_\_\_

If we need to get a hold of you during the school day, what is the best way to reach you? \_\_\_\_\_

Place of employment \_\_\_\_\_

Typical work schedule? \_\_\_\_\_

Child's Name \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_ What does your child call you? \_\_\_\_\_  
Marital status \_\_\_\_\_ If divorced, please share your custody arrangement. \_\_\_\_\_

If we need to get a hold of you during the school day, what is the best way to reach you? \_\_\_\_\_

Place of employment \_\_\_\_\_

Typical work schedule? \_\_\_\_\_

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Siblings:      Name \_\_\_\_\_ Age \_\_\_\_\_  
                    Name \_\_\_\_\_ Age \_\_\_\_\_  
                    Name \_\_\_\_\_ Age \_\_\_\_\_

Please let us know who else lives in your home. \_\_\_\_\_

If a nanny or babysitter will be your primary pick-up, what is his/her name? \_\_\_\_\_

If so, how would you like daily information to be shared? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**For Full-Day Preschool Only:**

We know this may change from day to day, but please let us know your anticipated drop-off and pick-up schedule. \_\_\_\_\_

Does your child nap? (Circle) YES NO

What is his/her typical nap schedule? \_\_\_\_\_

\_\_\_\_\_

Does your child wear a pull-up, diapers or underwear during nap? \_\_\_\_\_

Is there anything you'd like to share to help us best support your child during naptime? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you so much for sharing about your child.