



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

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.