**CHILD INTAKE FORM**

**Basic Information**

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| Intake Date: Click here to enter text. | Gender: **Select Gender**  |
| Child’s Full Name: Click here to enter text. | Date of Birth: Click here to enter text. |
| Country of Birth: Click here to enter text. | Immigrant: [ ] Yes [ ] No  |
| Native Language: Click here to enter text. | Other Languages (in the home):  Click here to enter text. |
| Race: [ ]  American Indian or Alaskan Native [ ]  Asian [ ]  Black or African American [ ]  Native Hawaiian or Other Pacific Islander[ ]  White  | Religious Affiliation: [ ]  Jewish[ ]  Christian [ ]  Catholic[ ]  Other[ ]  No Religious Affiliation  |

**Family Information**

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| Marital status of Parents, if divorced or separated what is your child’s living arrangements?Click here to enter text. |
| Name of custodial parent if applicable: Click here to enter text. |
| Sibling(s’) Names and Birthdates**:** Click here to enter text. |

**Education Information**

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| Formal education experiences child had BEFORE enrolling in The Shenker Academy. (Please check all that apply) | [ ]  Infant/toddler program [ ]  Early intervention/early childhood  special education (0 – 2.9)[ ]  Preschool (ages 3 – 4) [ ]  Head Start [ ]  Kindergarten  |
| Special services WHILE ENROLLED in The Shenker Academy.(Please check all that apply) | [ ]  Early intervention/early childhood [ ]  special education (0 – 2.9) [ ]  Special Education [ ]  None [ ]  Other- list: Click here to enter text. |

**Health Factors**

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| My child has a special physical or mental condition (describe or list)Click here to enter text. |
| My child has frequent colds, ear infections, etc.: Click here to enter text. |
| Are there any medications given regularly? If so, please list: Click here to enter text. |

**Eating**

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| My child cannot eat? Please list: Click here to enter text. |
| My child’s favorite foods are: Click here to enter text. |
| Any other information related to eating, drinking, or food: Click here to enter text. |

**Napping/Resting**

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| My child conveys feeling fatigue by… Click here to enter text. |
| My child has a regularly scheduled nap/rest time: Click here to enter text. | Length of time my child usually sleeps at nap time: Click here to enter text. |
| My child has a favorite toy/blanket for nap time: Click here to enter text. | Any other information? Click here to enter text. |

**Emotions/Behavior Management**

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| My child comforts him/herself by… Click here to enter text. |
| Special things I say or do to comfort my child? Click here to enter text. |
| He/she expresses anger by… Click here to enter text. |
| Does your child have any fears? How are they shown? Click here to enter text. |
| My areas of concern or difficulty Click here to enter text. |

**Toileting**

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| Is your child toilet trained? Click here to enter text. |
| What words does your child use to communicate toilet needs? Click here to enter text. |

**Development**

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| My concerns about my child’s development are: Click here to enter text. |
| What are some favorite toys and activities that you and your child share at home (Indoor and Outdoor): Click here to enter text. |
| What are your child’s special talents or interest? Click here to enter text. |
| What are your expectations of our program? Click here to enter text. |
| What are your expectations for your child’s school experience? Click here to enter text. |

**Signature** Click here to enter text. **Date** Click here to enter text.