

# Angel's Nest Child Development Center Family Intake Survey

Today's Date: \_\_\_\_\_

Child's Start Date: \_\_\_\_\_

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

What name does your child go by? \_\_\_\_\_

## Family Information

What family members live together currently? (i.e. brothers, sisters, uncle, aunts, grandparents, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any ideas about parenting that would help us better care for your child as an individual? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities and interests does your family enjoy together? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your family have any specific cultural observances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any major recent events that have affected your child? i.e. divorce, new baby, moving, death, etc. Please share this information with faculty as events occur.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Language

What language(s) are spoken at home? \_\_\_\_\_

When did your child start talking? \_\_\_\_\_

What words does your child use for immediate family members? \_\_\_\_\_  
\_\_\_\_\_

## Physical Background

Has your child had any serious illnesses, operations, or accidents since birth? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have any reoccurring chronic illnesses or health problems (such as asthma, bronchitis, or ear infections)? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Are there any physical disabilities that have been diagnosed? If yes, please explain.

\_\_\_\_\_

Please list any allergies your child has. \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication regularly? If yes, for what and how often?

\_\_\_\_\_

Does your child have ear tubes? \_\_\_\_\_

Has your child ever been hospitalized? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

How do you know when your child isn't feeling well? \_\_\_\_\_

\_\_\_\_\_

Is there anything we should know about bathroom habits or special needs? \_\_\_\_\_

\_\_\_\_\_

## Meal Routine

Please describe your child's appetite: \_\_\_\_\_

\_\_\_\_\_

What food does your child like/dislike? \_\_\_\_\_

\_\_\_\_\_

Has your child had any eating difficulties? \_\_\_\_\_

\_\_\_\_\_

Do you require foods to be:

tasted? \_\_\_\_\_ eaten? \_\_\_\_\_ plate cleaned? \_\_\_\_\_

Is your child a vegetarian? \_\_\_\_\_ Any food allergies? \_\_\_\_\_

### **Adjustments and Discipline**

Has your child been left with a caregiver before? \_\_\_\_\_

\_\_\_\_\_

How does your child react to being left with a caregiver? \_\_\_\_\_

\_\_\_\_\_

Which parent/guardian usually takes responsibility for discipline? \_\_\_\_\_

\_\_\_\_\_

How is discipline handled? \_\_\_\_\_

\_\_\_\_\_

How do you know when your child is angry, upset and sad? \_\_\_\_\_

\_\_\_\_\_

How does your child like to be comforted? \_\_\_\_\_

\_\_\_\_\_

What are some of your child's favorite games, toys and areas of interest? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Parent Information**

Are there any specific topics you are interested in knowing more about? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to spend some time in the classroom with your child? If so, when would work best for you? \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills you could share with the children? \_\_\_\_\_

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