

Kids' Company & Rainbow Preschool

Child Intake Information

Child's First & Last Name: _____

Child's Date of Birth: _____

Child's Grade: (please circle) Preschool Gr. K Gr. 1 Gr. 2 Gr. 3 Gr. 4 Gr. 5 Gr. 6

Classroom Teacher: _____

Parent/Guardian(s) Name: _____

1. How would you describe your child? _____

2. What are your child's strengths and abilities? _____

3. What are your child's interests and motivators? _____

4. Does your child have any favorite toys or activities they enjoy? _____

5. How does your child interact with other children? _____

6. Does your child have friends that also attend this program? _____

7. Have there been any significant changes in your child's life that may help us better understand his/her behavior? _____

8. Does your child have cues that would let us know he/she was uncomfortable with a situation? If yes, please list them.

OVER 

9. Please list any activities that might over-stimulate your child. _____

10. All kids can "overload" at some point. Are there any specific strategies you use to help your child unwind if needed?

11. Does your child have an IEP or 504 plan? Yes No
If yes or other may we get a copy of it? Yes No

12. All children attending Kids' Company and Rainbow Preschool must be toilet trained. Is your child toilet trained? Yes No

13. Has your child had any serious injuries? (please list type and date) _____

14. Has your child had any chronic or recurring illness? _____

15. Please list any allergies your child may have. _____

16. Is your child taking any medications? Yes No If yes, please list medication(s).

If medication needs to be administered during the day, please see your site instructor for a Medical Permission Form.

17. What is the status of your child's vision, hearing, speech? _____

18. Are there any specific activities that your child needs to be restricted from? _____

19. Please list any other pertinent information about your child that would be helpful to the staff. _____

