

Preschool Childcare Intake Form

This form is designed to help teachers understand your preschool child's routine, behavior, learning style, and family environment to provide consistent, developmentally appropriate care aligned with GROW NJ Kids.

Child Information

- **Child's Full Name:** _____
 - **Preferred Name/Nickname:** _____
 - **Date of Birth:** _____ **Age:** _____
 - **Start Date:** _____
 - **Classroom/Group:** _____
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Family Structure & Home Environment

(Understanding your family structure helps us support your child's emotional well-being and behavior.)

- **Who lives in the child's home?** (parents, siblings, grandparents, others)

- **Siblings:** ☐ No ☐ Yes

If yes, please list names and ages:

- **Does your child spend time in more than one household?** ☐ Yes ☐ No

If yes, please describe the schedule:

- **Primary caregiver(s) at home:** _____
 - **Any recent changes at home** (new sibling, move, separation, loss, etc.)?
☐ No ☐ Yes (please explain): _____
 - **Family routines, traditions, or cultural practices important to your child:**
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Medical & Health Information

Allergies (food, medication, environmental)

☐ None ☐ Yes (please list and attach action plan if applicable): _____

Medical Conditions / Special Needs

☐ None ☐ Yes (please explain and attach IEP/IFSP if applicable): _____

Medications

☐ None ☐ Yes (Medication Authorization Form required)

Home Routine & Daily Schedule

- Typical wake-up time: _____
- Morning routine before school: _____
- Bedtime: _____ Sleep quality: ☐ Good ☐ Fair ☐ Varies

Naps & Rest

- Does your child nap or rest at home? ☐ Yes ☐ No
 - Nap/rest time & length: _____
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Feeding & Mealtime Habits

- Typical meal/snack times: _____
 - Foods your child enjoys: _____
 - Foods your child avoids: _____
 - Any mealtime challenges or routines at home: _____
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Behavior, Social & Emotional Development at Home

- How does your child handle transitions? _____
- How does your child express frustration or big emotions? _____
- What helps calm or redirect your child? _____
- Any fears, sensitivities, or triggers we should know about? _____

Social Interaction

- How does your child play with others? ☐ Independent ☐ Parallel ☐ Cooperative
 - Experience in group settings (school, daycare, activities): _____
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Learning & Development

- Languages spoken at home: _____

- How does your child communicate needs and ideas? _____
 - Can your child follow multi-step directions? ☐ Yes ☐ Sometimes ☐ No
 - Interests or favorite activities at home: _____
 - Skills your child is working on (letters, numbers, self-help, etc.): _____
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Toileting & Self-Help Skills

- Toileting status: ☐ Fully toilet trained ☐ In progress ☐ Needs assistance
 - Any toileting routines or supports used at home: _____
 - Can your child dress/undress independently? ☐ Yes ☐ Sometimes ☐ No
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Permissions

- Photographs/Videos for classroom use: ☐ Yes ☐ No
 - Outdoor play participation: ☐ Yes ☐ No
 - Emergency medical treatment authorization: ☐ Yes ☐ No
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Family Goals & Additional Notes

- What goals do you have for your child this school year? _____
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- Anything else you would like us to know about your child? _____
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Parent/Guardian Acknowledgment & Program Policies

I certify that the information provided is accurate and complete. I understand it is my responsibility to update the childcare center of any changes. I acknowledge that I have received and reviewed the Parent Handbook, discipline policy, health and safety policies, and GROW NJ Kids quality practices.

Parent/Guardian Name (print): _____

Signature: _____ Date: _____
