

## Cobb Childcare & Preschool Enrollment Intake Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

### Eating

Does your child eat a certain diet? \_\_\_ Vegetarian \_\_\_ ovo-lacto \_\_\_ vegan \_\_\_ other

Does your child have any food allergies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

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Does your child have a medical condition which might require emergency care? Yes No

What does your child use to drink?

\_\_\_ bottle \_\_\_ sippy cup \_\_\_ regular cup \_\_\_ nursing \_\_\_ other: \_\_\_\_\_

How often does your child eat? \_\_\_\_\_

If an infant, have they started on food besides formula or breast milk? \_\_\_\_\_

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### Sleeping

Does your child nap? Yes No How many times per day? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child sleep with a special blanket, toy or "lovey", or pacifier? Yes No

Are there specific bedtime routines at home? \_\_\_\_\_

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Where does your child sleep at home? \_\_\_\_\_

### Toileting

Does your child use diapers? Yes No \_\_\_ Cloth \_\_\_ Disposable \_\_\_ Pull ups

If cloth, remember that we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.

Any toileting routines or requirements?(needs reminding, etc) \_\_\_\_\_

### Development

Do you have any concerns about your child's development? Yes No  
\_\_\_ Hearing \_\_\_ Vision \_\_\_ Language \_\_\_ Gross Motor \_\_\_ Fine Motor \_\_\_ Social \_\_\_ Other

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Has your child experienced any trauma or change recently? \_\_\_\_\_

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What is your child's primary spoken language? \_\_\_\_\_

Are there other languages being used with your child \_\_\_\_\_

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### Social and Emotional development

Has your child been in child care before?      Yes      No

Does your child have a regular routine when at home? \_\_\_\_\_  
\_\_\_\_\_

Is there anything we should know about your child's play with other children, by themselves, any concerns?  
\_\_\_\_\_  
\_\_\_\_\_

What is your discipline/behavior management method at home?  
\_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

What holidays are celebrated? \_\_\_\_\_

Who else lives in your house? \_\_\_\_\_

What soothes your child? \_\_\_\_\_  
\_\_\_\_\_

What frightens your child? \_\_\_\_\_  
\_\_\_\_\_

What is your favorite thing about your child? \_\_\_\_\_  
\_\_\_\_\_

What concerns do you have about leaving your child in care? \_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions that will help ease your child's transition into care? \_\_\_\_\_  
\_\_\_\_\_

What are your expectations or hopes for your child at our child care center? \_\_\_\_\_  
\_\_\_\_\_

How would you describe the way your child learns?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything regarding your family, extended family or child that you would like to share with us  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_