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PRESCHOOL PREP CONFIDENTIAL INTAKE FORM

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (Nickname)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Family physician \_\_\_\_\_ Telephone \_\_\_\_\_

**FOOD ALLERGIES?** \_\_\_\_\_ **OTHER ALLERGIES?** \_\_\_\_\_

Name of person to call in an **EMERGENCY** \_\_\_\_\_ phone \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Business phone \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Business phone \_\_\_\_\_

Other members living with family \_\_\_\_\_

Does your child have any brothers or sisters? \_\_\_\_\_

a) Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

b) Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

c) Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Whom does your child prefer to play with? (Younger or older children; brother, sister, boys, girls) \_\_\_\_\_

How does your child get along at home? (Relationship to parents, siblings). \_\_\_\_\_

How does your child react to new situations? \_\_\_\_\_

What main holidays do you celebrate? \_\_\_\_\_

What kinds of activities does your child enjoy at home? (Games, blocks, paints, dolls, etc.) \_\_\_\_\_

Does your child have any strong specific interests? (Trains, dinosaurs, etc.) \_\_\_\_\_

Is your child in the process of being toilet trained? \_\_\_\_\_

What word does your child use for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

How is your child's appetite? \_\_\_\_\_ Likes or dislikes? \_\_\_\_\_

When and why does your child get upset? (Give example) \_\_\_\_\_

How do you usually handle such a situation? \_\_\_\_\_

What kind of fears does your child have? \_\_\_\_\_

Has your child had any serious illnesses or accidents? (Please explain) \_\_\_\_\_

Any hospital experience? \_\_\_\_\_ Any childhood diseases? (Name them) \_\_\_\_\_

Does your child have an IFSP or IEP? (Please explain) \_\_\_\_\_

What adjectives best describe your child? (Active, aggressive, shy, friendly, quiet, inquisitive, etc.) \_\_\_\_\_

What feelings has your child expressed about coming to program? \_\_\_\_\_

Does your child have any friends in our class? \_\_\_\_\_ Names \_\_\_\_\_

What do you hope your child will get out of his/her nursery experience? \_\_\_\_\_

\_\_\_\_\_

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Do you (parents) have any special skills or talents that you would be willing to share with the class?

Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

Are you available to help out (ex: setting up, decorations, cleaning up) at special events? \_\_\_\_\_

Thank you for taking the time to complete this information. It will be helpful for us in getting to know your child.

