

Child's name: _____

We understand that sound early childhood education can be achieved when parents and staff are mutually involved in learning and participating. Therefore, when we enroll our children in Zimmer School we pledge to participate in the experience.

MOTHER'S SIGNATURE: _____ Date: _____

FATHER'S SIGNATURE: _____ Date: _____

..... **ALL ABOUT YOUR CHILD:**

INTAKE INFORMATION FOR CHILDREN NEWLY ENROLLED

*The following questions are to help us get acquainted with your child and family and ease the transition into school, helping us to support you and your child in the best way possible.
The information you share will be kept confidential.*

Children are impacted by all the special relationships they have. Are there any important others in your child's life?

Name: _____ Relationship _____

Name: _____ Relationship _____

Pets: Kind: _____ Name: _____ Kind: _____ Name: _____

Does your child play primarily ___ alone, ___ with siblings, ___ with adults, ___ with other children?

DEVELOPMENTAL HISTORY OF THE CHILD

The beginning days and weeks in the life of a family with a new child is so important and there are many ways that children come into our families. Please share any information regarding the way in which our child joined your family. (i.e. adoption, surrogacy, delivery experiences, prematurely, etc.)

Is your child aware of his/her way of joining the family? _____

At what age did your child....

...Sleep through the night? _____

...Sit alone _____

...Crawl _____

...Walk alone _____

...Say first words _____

...Repeat short sentences _____

Is English the primary language spoken at home? _____ If not, what is? _____

Does your child receive support in...

...Un/dressing _____ ...Washing _____ ...Toileting _____

...Eating _____ ...Going to Sleep _____ ... Other _____

TOILETING

Are you in the process of teaching your child how to use the potty or toilet? What are your beliefs?

Does your child need to be reminded to go to the bathroom? _____

At what age was your child toilet trained? _____

What terms are used in your household in reference to toileting? _____

SLEEPING AND EATING HABITS

How do you know when your child is tired? _____

At what time does your child usually get up in the morning? _____

At what time does your child go to bed at night? _____

Does your child sleep well? _____

Please describe your child's general eating habits. _____

TRANSITIONS AND NEW EXPERIENCES

Has your child ever been left with a nanny or babysitter? How does s/he handle it? _____

Has your child participated in previous group play experiences? (i.e. swim class, gym, story hour, etc.) _____

How does your child handle separations? Is there anything to help us help your child? _____

How does your child react to new experiences, like a new teacher? Does your child have any needs in new situations that would be helpful to know? _____

Does your child use or need a means of comfort during times of stress and fatigue? _____
