

LaSalle Catholic Early Learning Center 2-5 year old Intake Form

Identification Information			
Child's Name:		Birthdate:	Sex:
Address:		Phone Number:	
		Nationality:	
If child does not use his/her legal first name, please list the name he/she will be using:			
Parent/Guardian 1 Name:			Relationship:
Address:		Home Phone Number:	
		Work Phone Number:	
Employer:		Cell Phone Number:	
Parent/Guardian 2 Name:			Relationship:
Address:		Home Phone Number:	
		Work Phone Number:	
Employer:		Cell Phone Number:	
Other Parent/Guardian (if applicable) Name:			Relationship:
Address:		Home Phone Number:	
		Work Phone Number:	
Employer:		Cell Phone Number:	

Family History			
Marital Status of parents:		Is child adopted?	Age of adoption?
		Is child aware of adoption?	
Other children in the home: (name and ages)		Other members of the household (name and relationship)	
1.	2.	1.	2.
3.	4.	3.	4.

Physical Regimen
What are your child's sleeping patterns?
What are your child's eating patterns? (approximate time, every how many hours, etc)
Does your child have any unusual eating/feeding problems or special dietary needs based on a medical condition, allergies, or religion*?
*If Yes, a special release form needs to be completed and signed by a physician. Please see someone in the front office with any questions or to obtain form.

Developmental History

Please give a brief history of your child's learning and physical development. Please include any pertinent information to help us to understand your child's needs.

Medical/Surgical History

Please list illness your child has had:

Does your child have the following:

Frequent Colds

Earaches

Fevers

Sore Throats

Stomachaches

Other (Specify)

Has your child had any serious accidents/operations? (If yes, please explain)

Does your child have any allergies? (If yes, please explain)

Does your child take any regular medications? (If yes, please explain)

Does your child have any problems with vision or hearing? (If yes, please explain)

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? (If yes, please explain)

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Personality and Emotion Development

Does your child have a comfort item? (stuffed animal, blanket, etc)

Please mark items below that best describe your child:

Happy	Aggressive	Impulsive	Sympathetic
Dependent	Stubborn	Attentive	Clumsy
Good-natured	Even-tempered	Moody	Quiet
Sleep	Friendly	Fearful	Shy
Other:			

Play and Sociality

Has someone cared for your child besides the family? (If yes, please explain)

Has your child previously attended daycare? (Please describe previous experiences)

Do you have any concerns about any aspect of your child's development? (If yes, please explain)

What do you hope will be included in your child's ELC program?

Any other information you think we should know: