



Club Kid Intake Form-Preschool

Child's Name: _____

1. Has your child been in an after school program, camp been in a child care program outside of the home?

Yes No

2. If yes, what type of care?

Center In-Home Family Member Seasonal Camp

3. Was your previous program a positive experience for your child?

Yes No Neutral

4. How does your child feel about attending a program?

Positive Negative Neutral

5. Describe your child's temperament (funny, laid back, outgoing, standoffish etc)

6. What qualities are important when choosing a program?

Price Location Activity Level Cleanliness Teacher Relationship Hours of Operation
Activity Options Other _____

7. What are you and your student's goals for their time here?

8. The word "family" has different meanings for different people. Please describe what your child considers to be their family at home. Ex: Mom & Dad, Step Parents, Single Parent, Visitation, Two Moms, Relative Care, etc.

9. Does your child have siblings?

Name _____ Age ____ Name _____ Age ____ Name _____ Age ____

10. Are there any recent tragic events that you would like us to be aware of to help support your child's emotional needs?

Divorce Death in the family Moving Other _____

11. Does your child have any allergies?

No Yes _____

12. Does your child have any food restrictions (personal or allergy related)?

No Yes _____

13. Is your child taking any medications or is there any medical information we should be aware of?

No Yes _____

14. Does your child have any restrictions to play or activities or any special needs we should be aware of?

No Yes _____

15. What are your student's interests and favorite activities?

At Home _____

At School _____

16. What is your child's primary language? _____

What languages are spoken in your home? _____

17. Please describe your child's sleep habits.

Goes to bed at _____ Wakes up at _____ Naps at _____

Requires security object or soother toy? Describe _____

18. How does your child indicate that they need to use the bathroom (certain words or motions)

19. Would you be interested in volunteer opportunities or classroom visits?

Lunch with my child Field Trip volunteer Send supplies/treats for special occasions

Sharing an in-class activity such as game, career, cultural or family tradition activity

20. Is there any other information that you would like to share to help us better serve your child or family?

