

**INTAKE INFORMATION FOR CHILD OVER 2 YEARS  
RIPON CHILDREN'S LEARNING CENTER**

Personally Identifiable information on this form is collected to assist in providing quality childcare services and will be used only for this purpose.

**I. HOME INFORMATION**

Child's Name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Father's name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name(s) and Age(s) of brothers and sisters \_\_\_\_\_

Married     Divorced     Separated     Single Parent

Is there a custody arrangement we should know about? \_\_\_\_\_

Should the Center be especially alert to these arrangements? \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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**II. HEALTH FACTORS (Check ALL that apply)**

My child has allergies or a special physical condition. (List allergies or describe physical condition.)

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My child has had a serious illness, convulsion, operation, or accident. (List date and describe occurrence.)

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My child has frequent colds, ear infections, colic, etc. (Describe condition.)

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**III. Family Dynamic (Check ALL that apply)**

Does your child have special words to identify their body parts?

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◇ What are things your culture does that help your child with sadness, anxiety, bad experiences or other troubles?

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◇ Do you have any favorite holidays/traditions/celebrations? Which ones are the most important for your family.

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◇ Are there differences in what males and females are expected to do?

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◇ Is there any beliefs you would like the teacher to incorporate in the classroom or with routine care's?

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#### IV. COMMUNICATION

Language family speaks ◇ English      Other (specify) \_\_\_\_\_

Age child began talking \_\_\_\_\_ Child speaks in: ◇ Words      ◇ Sentences

List any words used to describe special needs:

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What languages do you speak at home vs. at daycare or in the community? With family vs. friends/teachers?

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What language(s) do different family members speak at home/to each other/to child?

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Parents signature \_\_\_\_\_ Date \_\_\_\_\_

STAFF NOTES: