

# INTAKE INFORMATION

## I. Identification Information:

A. Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
If child does not use his/her legal first name, please list the  
name he/she will be using \_\_\_\_\_  
County child resides in \_\_\_\_\_

B. Mother's name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ Cell number \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

C. Father's name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ Cell number \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

D. Guardian or Custodian other than parent (if applicable)  
Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ Cell number \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

E. Babysitter/daycare (if applicable)  
Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ Cell number \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Work place phone number \_\_\_\_\_

II. Family History

Marital Status of parents: Married\_\_\_\_\_ Single\_\_\_\_\_

Divorced\_\_\_\_\_ Separated\_\_\_\_\_ Deceased\_\_\_\_\_

Other children in the home (Name and Birth date)

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

III. Physical Regime

Does your child have any allergies? Please explain.

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Does your child have any unusual eating problems or food dislikes?

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What time does your child usually go to bed? \_\_\_\_\_ wake up \_\_\_\_\_  
What is your child's attitude toward going to bed and taking a nap?

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Urination

Bowel Movement

How does he/she state need? \_\_\_\_\_

How dependable is he/she? \_\_\_\_\_

IV. Play and Social Skills

How does he/she get along with children? \_\_\_\_\_

Are his/her playmates

girls? \_\_\_\_\_ boys \_\_\_\_\_ younger \_\_\_\_\_ older \_\_\_\_\_ none \_\_\_\_\_

What is the usual size of the neighborhood play group? \_\_\_\_\_

Previous group experience: Preschool \_\_\_\_\_ Play group \_\_\_\_\_

Sunday school \_\_\_\_\_ Library story time \_\_\_\_\_

V. Personality and Emotional Development

Do you regard your child as affectionate? \_\_\_\_\_ to whom? \_\_\_\_\_

Does he/she accept new people easily? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_  
Is he/she usually happy? \_\_\_\_\_  
What nervous habits does he/she have? \_\_\_\_\_  
When does he/she show them? \_\_\_\_\_

VI. When you find it necessary to discipline your child, which parent usually does this and how? \_\_\_\_\_  
\_\_\_\_\_

VII. Please provide further information that you believe will be helpful to us with understanding your child better. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. Do you consider your child to be:  
Right handed \_\_\_\_\_ Left handed \_\_\_\_\_ Not sure \_\_\_\_\_

### **Travel and Activity Authorization**

I DO / DO NOT (Circle one) give permission for my child \_\_\_\_\_  
\_\_\_\_\_ to leave the Janesville Child Dev. Center for trips in a car, school bus, or other public transportation to special places, walks to the park, field trips, etc. I understand that I will be notified before each such activity.

Restrictions of such trips:

1. Each child under six years of age will be secured in a seat belt for any field trip, unless a school bus is taken, in which there are no seatbelts. Additional restrictions, if any set by parents.
- 2.
- 3.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



**PICTURE RELEASE**

I hereby **DO** or **DO NOT** give my consent to let my child be  
(please circle one)  
photographed for use by the center in newspapers or other media for  
the purpose of publicity or advertisements.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of parent/guardian

**PICK-UP PERMISSION SLIP**

Child's Full Name:\_\_\_\_\_

I hereby give permission for my child to leave the center with the  
following persons named below. It is the responsibility of the parents to  
notify the center, in writing, of any changes.

<u>Name</u>	<u>Relationship</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Signature of Parent/Guardian)

If there is a separation or divorce custody problem of which we should  
be aware, please explain.\_\_\_\_\_

Names of persons who may not pick up the child:\_\_\_\_\_

**Parental Emergency Medical Consent**

Permission for medical care in parental absence. (This form must be presented upon admission for treatment.)

Child's Full Name \_\_\_\_\_

In the event that my child may require emergency medical, dental, and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical, dental, and/or surgical treatment to the hospital and doctor, or his or her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

**Please put the names and numbers for both parents.**

Name of parent or legal guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Work Phone: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Cell Number: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Medical Doctor \_\_\_\_\_

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

Dentist \_\_\_\_\_

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

Hospital of preference: \_\_\_\_\_

**Continue to the next page.....**

Person(s) to be contacted in an emergency if parents are unavailable.

Name – Work – Home Phone – Cell Number – Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

This consent will be in effect beginning \_\_\_\_\_ and continue while this child is enrolled in this child care facility.

**Child's Name**

**Birth Date**

**Present Medication**

**Know Allergies**

Short medical history or problems: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Insurance: \_\_\_\_\_

\_\_\_\_\_  
(Father's signature & Date)

\_\_\_\_\_  
(Mother's signature & Date)

\*Every effort will be made to notify parents (guardian) immediately in case of an emergency.

*Janesville Child Development Center*

*505 Barrick Road*

*P.O. Box 478*

*Janesville, Iowa 50647*

*(319) 987-2631 Center*

*(319) 987-2581 Elementary School*

The handbook represents the policies and procedures adopted by the Janesville Child Development Center.

Parents are strongly encouraged to read and discuss any questions or concerns with the Elementary Principle or the Preschool Teachers.

*I have received a copy of the parent handbook, which describes the policies and procedures for the Janesville Child Development Center. If there are any changes to these policies or procedures during the school year, parents will be notified in writing and asked to sign the updated information.*

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_