



# Child Care Contact Information

## Participant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender  Female  Male

Known Allergies/Health Concerns \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ (communication for information, newsletters, handouts, etc)

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ (communication for information, newsletters, handouts, etc)

## Authorized Pick Up/Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Form completed by \_\_\_\_\_ Date \_\_\_\_\_

# Child Intake Questionnaire

To help us get to know your child before care begins, please fill out this information and return it by their first day.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Tell us about your family and your family's background (any information that you are willing to share, such as who lives in your home, where you may have lived previously, etc).

What kind of things do you enjoy doing as a family?

How does your family celebrate birthdays and holidays?

What is your child best at?

Tell us 3 words to describe your child.

What type of discipline works best with your child?

Tell us about some of the different occupations represented in your family.

Any important information we should know (new baby, new job, new house, fears, behavior strategies, etc)?