

UNI Child Development Center  
1 Price Laboratory School  
Cedar Falls, Iowa 50614-0611  
319-273-2263

Information/Intake Sheet

Enrolled: \_\_\_\_\_ Withdrawn: \_\_\_\_\_

Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

A. Child's Information

Child's name: \_\_\_\_\_ Known as: \_\_\_\_\_

Gender: M F Date of birth: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: (list all) \_\_\_\_\_

B. Parent Information

Father:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Email address: \_\_\_\_\_

Student ID No. or Staff ID. No.: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mother:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Email address: \_\_\_\_\_

Student ID No. or Staff ID. No.: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Guardian/Custodian other than parent (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Email address: \_\_\_\_\_

Student ID No. or Staff ID. No.: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

C. Family/Household Information

Marital status of parents: Married  Divorced  Separated  Widowed  Single

If divorced, person(s) with legal custody \_\_\_\_\_

Other children living in home:

Name	Age	Name	Age
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\_\_\_\_\_

\_\_\_\_\_

Others living in household not listed above (relatives, roomers, etc.):

Name	Relationship
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\_\_\_\_\_

\_\_\_\_\_

D. Eating Habits

How would you describe your child's appetite?  good  fair  poor

When does your child eat best?  breakfast  lunch  dinner  snacktime

Does your child have any food allergies/restrictions? (list) \_\_\_\_\_

\_\_\_\_\_

Does your child have any unusual eating problems/habits? (list) \_\_\_\_\_

\_\_\_\_\_

Are there any foods that your child particularly dislikes? (list) \_\_\_\_\_

\_\_\_\_\_

a. Infant

What solid foods is your child eating? (list) \_\_\_\_\_

\_\_\_\_\_

What does your child drink?  whole milk  2% milk  juice  formula  water  breast milk

If you selected milk or formula, what is preferred temperature?  cold  warm

What does your child drink from?  bottle  tippy cup  both

b. Toddler

Does your child feed him/herself?  yes  no

What does your child drink from?  bottle  tippy cup  both

E. Sleeping Habits

Do you wish for your child to take a nap?  yes  no  optional (up to child)

If so, how long? \_\_\_\_\_

How does your child take to napping?  good  fair  poor

List any special items your child needs to sleep. \_\_\_\_\_

a. Infant

Is your child rocked to sleep?  yes  no

Does your child use a pacifier?  yes  no

b. Toddler

Is your child rocked to sleep?  yes  no

F. Toileting Habits (Infants not applicable)

How does your child state need to use the restroom? \_\_\_\_\_

How dependable is your child in using the toilet?  very  somewhat  not very

How often does your child need a reminder to use the restroom?  every 1/2 hr

every hr  every 1 1/2 hr  never

G. Play and Sociability

How well does your child get along with other children?  good  fair  poor

Who are your child's playmates? (check all that apply)  girls  boys  older

younger  imaginary  adult  none

Does your child have other preschool/day care experience?  yes  no

If yes, please describe? \_\_\_\_\_

List any pets in your home. \_\_\_\_\_

H. Personality and Emotional Development

Do you consider your child to be affectionate?  yes  no

If yes, to whom? \_\_\_\_\_

Does your child accept new people easily?  yes  no

How manageable do you consider your child to be?  easy  fair  difficult

Do you have any particular strategies for management? (list) \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? (list) \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite games or activities? (list) \_\_\_\_\_

\_\_\_\_\_

Are there any games that s/he particularly dislikes? (list) \_\_\_\_\_

\_\_\_\_\_

Are there any activities that you would like your child become more involved in? (list) \_\_\_\_\_

\_\_\_\_\_

How would you describe your child? (circle all that apply)

quiet

outgoing

active

happy

impulsive

shy

leader

follower loner

risk-taker

Does your child have any nervous habits? (list) \_\_\_\_\_

How do you deal with them? \_\_\_\_\_

Are there any circumstances that may have recently altered your child's behavior? (divorce, death, new baby, recent move, etc.) \_\_\_\_\_

Do you have any concerns about your child's current behavior? (list) \_\_\_\_\_

How are you handling these concerns? \_\_\_\_\_

I. Developmental History

How would you characterize your child's birth? \_\_\_ normal term \_\_\_ preterm \_\_\_ difficult

Were there any unusual circumstances surrounding your child's birth? (list) \_\_\_\_\_

What is your child's current level of development? \_\_\_ normal \_\_\_ delayed \_\_\_ advanced

In what areas? \_\_\_ speech \_\_\_ motor skills \_\_\_ cognitive

J. General information

Please list other information to help us understand your child better. \_\_\_\_\_

What kind of development would you like to see in your child while in our program? \_\_\_\_\_

K. ***Optional*** Information (Information will help us to serve you better.)

What is the racial/ethnic background of each parent?

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

List any special/ethnic foods commonly prepared at home. \_\_\_\_\_

What holidays do you observe in your household? (political, seasonal, religious?) \_\_\_\_\_

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What is the predominant religion in your home? \_\_\_\_\_

How is the behavior of children traditionally controlled? \_\_\_\_\_

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Are any languages other than English spoken in your home? (list) \_\_\_\_\_

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Other comments that you wish to share: