



**CHILD AND FAMILY INTAKE / CLASSROOM TRANSITION FORM**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Sibling name(s)/age(s): \_\_\_\_\_

First time in childcare?  No  Yes

If yes, please describe previous arrangements: \_\_\_\_\_

**Eating**

Special dietary needs?  No  Yes (please describe: \_\_\_\_\_)

Eating concerns?  No  Yes (please describe: \_\_\_\_\_)

Eating habits/preferences: \_\_\_\_\_

How does your child indicate that he/she is hungry? \_\_\_\_\_

**For Infants:**

Please describe the frequency of your child's meals: \_\_\_\_\_

My child consumes:  formula (brand: \_\_\_\_\_)  breast milk

no solids  rice cereal  baby food (fruits/vegetables)  table foods

please list specific fruits/vegetables and/or table foods: \_\_\_\_\_

**Toileting**

Can this child use the toilet independently?  No  Yes  Yes, with reminders

If no, please describe diapering preferences: disposable cloth pull-up

other: \_\_\_\_\_

Does your child use certain phrases or signs to indicate the need to use a toilet? \_\_\_\_\_

If you have yet to begin toilet training, when do you plan to do so? \_\_\_\_\_

When you are ready for toilet training, would you like assistance/information from us?  No  Yes

**Sleep**

When does your child regularly nap? \_\_\_\_\_

What time is bedtime at home? \_\_\_\_\_ What times does your child wake up? \_\_\_\_\_

Does your child have a preferred comfort object/pacifier at nap time?

If yes, please describe: \_\_\_\_\_

(Lexington Kids can not allow blankets or soft objects in cribs with children under 12 months of age. We provide a Halo Innovations Sleep Sack for all children in our Joey's classroom. We do not swaddle babies for sleep. All babies are put to sleep on their backs, no exceptions.)

How does your child indicate that he or she is tired? \_\_\_\_\_

**Special Needs**

Does your child have any special needs that we should be aware of? \_\_\_\_\_

Do you believe that your child may need further evaluation in regards to his or her:

\_\_\_\_vision \_\_\_\_hearing \_\_\_\_health \_\_\_\_allergies \_\_\_\_physical/motor development  
\_\_\_\_social/emotional development \_\_\_\_learning difficulties \_\_\_\_other:\_\_\_\_\_

How does your child handle stressful situations? \_\_\_\_\_

What is the best way to soothe your child when he or she becomes upset? \_\_\_\_\_

**Family Information**

Is there anything particular to your family that we should be aware of? \_\_\_\_\_

Do you speak a language other than English at home? \_\_\_\_No \_\_\_\_Yes (please describe:\_\_\_\_\_)

What language do you prefer to receive communication in? \_\_\_\_\_

Are there any holidays or celebrations specific to your culture that you would like to share?

Are there any routines, spiritual, or religious practices that we should be aware of?

Are there any cultural aspects that you would like incorporated into your child's learning?

We ask that all families bring in a family picture from home (or a couple) to post in your child's classroom. We believe that this helps students feel comfortable in the classroom and helps to ensure that their cultural and family structures are represented visually in the classroom in a respectful and inclusive way.

Is there any other information that we should know in order to help us know your child better?

What areas of learning do you expect to be covered by the provider or what learning goals do you have for your child?

What are your expectations of us as a provider?

***Transitioning students:***

Is there anything specific or special about your child's previous classroom that you would like to see replicated in his or her new classroom?

What can we do as a provider to make this a smooth transition for you and your child?

Do you have any concerns regarding your child's transition?

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