

Little Acorns Learning Center

Family Intake Survey

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Name: _____

Completed by: _____ Date: _____

1. What would you like to share with us about your family/home life?
2. Who might your child talk about during the day?
3. What, if any, pets does your child have?
4. Has your child been in child care before? If yes, for how long and why was care terminated?
5. What sort of group settings has your child been a part of (i.e., play dates, mommy and me classes, etc.)?
6. What tips can you offer to help your child adjust to a new setting, people or situations?
7. Does your child have any known health or developmental concerns that you would like to share with our team?
What tips do you have to accommodate these needs?

8. How important is outside play to your family?

9. How do you feel about your child playing in dirt or other messy activities?

10. Does your child have any special needs (religious, food allergies, etc.) that you would like to share with our team and what tips do you have to accommodate these needs?

11. What is your child interested in?

12. What things may scare your child?

13. What things frustrate your child and how do you calm them?

14. If you have begun potty training at home, what is your routine?

15. What is your child's rest/sleep schedule? Do you have any tips to help encourage your child to rest?

16. Is there anything else you would like us to know so that we can provide the best quality care for your child?