

## INTAKE FOR CHILD UNDER 3 YEARS – CHILD CARE CENTERS

**Use of form:** This form meets the requirements of DCF 251.09(1)(am). This form collects information about children under age 3 in order to aid child care workers in individualizing the program of care for the child in a group child care center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** This form is to be completed by a parent and must be on file at the center prior to a child's first day of attendance. Regular updates can be noted. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

First Day of Attendance (mm/dd/yyyy)

### PARENT / CHILD NAME AND ADDRESS

Name – Child (Last, First, MI)

Nickname (If any)

Birthdate (mm/dd/yyyy)

Name – Parent(s) (Last, First, MI)

Telephone Number – Home

Address – Parent(s) (Street, City, State, Zip Code)

### HELLOS and GOODBYES

What time will your child usually arrive at the center? \_\_\_\_\_

What will help you and your child say goodbye to each other in the morning? \_\_\_\_\_

Additional information with regards to arrival that you would like to share? \_\_\_\_\_

**HEALTH** Note: Health conditions that may affect the care of the child must be recorded on the department's form, Health History and Emergency Care Plan. The form should be shared with any person who provides care for the child.

Child has frequent colds, ear infections, colic, etc. – Describe.

Any other health information that you would like to share?

UPDATES

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**MEALS**

Current feeding schedule

Length of time on current schedule

Food type

 Formula    Strained    Junior    Table    Milk type – Specify:

New food timetable

When eating, child is –

 Held in lap    In highchair    Other – Specify:

Feeds self

 Yes    No   If "Yes", uses:    Spoon    Fork    Hands

Special feeding problems

 Yes    No   If "Yes" – Specify:

Food allergies

 Yes    No   If "Yes" – Specify:

Favorite foods – Specify.

Does your child eat anything that is not food? (clay, dirt, paint chips, etc)    Yes    No   If "Yes" – specifyIs your child sensitive or allergic to any foods? If so, please list all.    Yes    No

Refused foods – Specify.

UPDATES

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**SLEEP**

Current sleep schedule

Length of time on current schedule

Falls asleep easily

 Yes    No

Mood upon awakening – Describe.

Takes favorite toy(s) to bed – **child over age 1 year** Yes    No   If "Yes" – list toy(s):Sleep position – **child under age 1 year****Note:** Children under age 1 year must be placed to sleep on their back unless a written statement from the child's physician is attached. Back for children under age 1 year    Side or stomach (physician statement attached)Sleep position – **child over age 1 year** Back    Side or stomach

What helps your child fall back to sleep?

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How does your child wake up? Does he/she wake up quickly or slowly? Do they want to be alone for some time before getting up?

UPDATES

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**DIAPERING / TOILETING**

Diaper – type

 Cloth  Disposable

Diapers provided by parent

 Yes  No

Plastic pants used

 Always  Never  Sometimes If "Sometimes" – Specify:

Highly sensitive skin

 Yes  No

Frequent diaper rash

 Yes  No

Lotions, powders or salves used

 Yes  No If "Yes", product name(s) – Specify:

Toilet training attempted

 Yes  No If "Yes", describe routine.

Type of toilet seat used at home

 Potty chair  Special toilet seat  Regular toilet seat

Regular bowel movements

 Yes  No How often.

Time(s) of day:

Toileting problems

 Yes  No If "Yes" – Describe.

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UPDATES

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**GETTING DRESSED**

Is there anything special that we should know about dressing and undressing your child?

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**VERBAL COMMUNICATION**

Family speaks what language – Specify.

 English  Other If "Other" – Specify:

Age child began talking

Child speaks in

 Words  Sentences

Words used to describe special needs – Specify.

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UPDATES

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**COMFORTING**

Does child have a fussy time?

 Yes  No If "Yes" – Specify time.

How is fussy time handled?

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Child likes to be:

Held  Sung to  Rocked  Read to  Other – Specify:

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Special things you say or do to comfort child.

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UPDATES

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\_\_\_\_\_ I give permission for my child's teacher to use an Ergo Carrier or Moby Wrap for my child. I have been shown  
*Initials/Date* what the Ergo Carrier and Moby wrap are, how it will be used and how it can help with my child's  
development. I will be updated on the use at least every 3 months or as needed.

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**SELF-EXPRESSION**

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What causes your child to feel angry or frustrated?

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What frightens your child and how is it shown?

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How does your child express feelings of happiness, enjoyment, etc.?

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Additional comments

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UPDATES

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**PHYSICAL AND SOCIAL DEVELOPMENT**

Is your child able to – (Check all that apply)

Sit up alone  Pull up  Crawl  Walk holding on  Walk without support

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Yes  No Is your child used to playmates?

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Comments

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UPDATES

**MISCELLANEOUS**

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Child's **indoor** favorite toys and activities – Specify.

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Child's **outdoor** favorite toys and activities – Specify.

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By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

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UPDATES

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**SIGNATURE** – Parent or Guardian

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Date Signed