

# Kids' Company & Waconia Wildcat Preschool

## Child Intake Information

Child's First & Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Grade: (please circle)    Preschool    Gr. K    Gr. 1    Gr. 2    Gr. 3    Gr. 4    Gr. 5    Gr. 6

Classroom Teacher: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

1. How would you describe your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Who does your child live with? (Please list siblings and their ages) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your child's interests and motivators? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is your child left handed or right handed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How does your child interact with other children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does your child have friends that also attend this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have there been any significant changes in your child's life that may help us better understand his/her behavior? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have cues that would let us know he/she was uncomfortable with a situation? If yes, please list them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVER** 

9. All kids can “overload” at some point. Are there any specific strategies you use to help your child unwind if needed?

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10. Does your child have an IEP or 504 plan?        Yes        No

    If yes or other may we get a copy of it?        Yes        No

11. All children attending Kids’ Company and Rainbow Preschool must be toilet trained. Is your child toilet trained?    Yes    No

12. Has your child had any serious injuries? (please list type and date) \_\_\_\_\_

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13. Has your child had any chronic or recurring illness? \_\_\_\_\_

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14. Please list any allergies your child may have. \_\_\_\_\_

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15. Is your child taking any medications?    Yes        No        If yes, please list medication(s).

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If medication needs to be administered during the day, please see your site instructor for a Medical Permission Form.

16. What is the status of your child’s vision, hearing, speech? \_\_\_\_\_

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17. Are there any specific activities that your child needs to be restricted from? \_\_\_\_\_

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18. Please list any other pertinent information about your child that would be helpful to the staff. \_\_\_\_\_

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