Toddler Town Learning Academy

Child Enrollment Intake Plan

Child's Name: _____

Child's Nickname (If applicable): _____

Date of Birth: _____

Parent(s)/Guardian(s) Name(s): _____

Feeding:

List any special feeding considerations (i.e., food allergies, dietary restrictions, etc.):

_____

_____

Sleeping:

How many times per day does your child nap? _____ How long? _____

Does your child sleep with a pacifier? _____

A sleepsack/blanket? _____

Where does your child sleep at home? _____

Are there specific routines before napping? _____

_____

More about your child and family:

Is there anything about your child's birth that you would like to share? _____

_____

What is your child's primary language at home? _____

(See Back)

Are there other languages spoken at home? _____

What kind of activities does your child enjoy? _____

_____

Are there activities your child avoids? _____

_____

Does your child have any siblings? _____

Does your child have any pets? _____

Is there anyone else that lives in your house? _____

What soothes your child? _____

What frightens your child? _____

Do you have any suggestions that will help ease your child's transition into our school? _____

_____

Is there anything regarding your family, extended family, or child that you would like to share with us? _____

_____

_____

_____ _____

Parent Signature Date