



Parent/Caregiver Intake Form

1. Family and Child Information

Parent Names: _____ Child's Name: _____

Child's Date of Birth: ____/____/____ Child's Age in Months: _____ Gender of Child: ☐ Male ☐ Female

Primary Language in the Home: ☐ English ☐ Spanish ☐ Chinese/Mandarin ☐ Other: _____

Home Address: _____ Zip Code: _____

Parent Cell Phone Number: _____ Parent Home Number: _____

Parent Email: _____

Current Employer: _____ Work Phone: _____

Are you a Hofstra Employee: ☐ Yes ☐ No Hofstra 700 #: _____

Are you currently in the Military: ☐ Yes ☐ No Which Branch: _____

Legal Guardian? ☐ Yes ☐ No Shared Custody: ☐ Yes ☐ No Primary Parent: ☐ Yes ☐ No

Marital status of parent: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Are you looking for: ☐ Full-Time Care ☐ Part-Time Care Desired Start Date: _____

If part-time, days you prefer? ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

What are your expectations of our program? _____

****Completing this form does not indicate enrollment.**

2. Previous/Current Child Care

Has the child been in other child care center(s) or family center(s)? ☐ Yes ☐ No When: _____

Previous/Current facility/caregiver name: _____

Address: _____ Phone: _____

What was/is the reason for leaving the placement? _____

3. Temperament

How would you describe your child's temperament: _____

Are/Were there any significant changes in the child's life: _____ When: _____

Describe how your child transitions from one activity to another? _____

4. Child's Health and Development

Any concerns about the child's motor skills (i.e. walking, sitting, crawling)? ☐ Yes ☐ No

Does the child have feeding concerns? ☐ Yes ☐ No Picky eater: ☐ Yes ☐ No

Does your child use a bottle or sippy cup? _____

Was the child born ☐ Full-term ☐ Pre-maturely How many weeks? _____

Birth Weight: _____ lbs. _____ oz. Birth Length: _____ inches

☐ Asthma ☐ Food Allergies ☐ Medication Allergies ☐ Communication ☐ Hearing

☐ Socialization ☐ Vision ☐ Eczema ☐ Other: _____ ☐ None

Is your child up to date with all immunizations? ☐ Yes ☐ No

**A medical form is due upon enrollment.

Does your child have any medical or developmental needs? ☐ Yes ☐ No

If yes, please describe: _____

Does your child have any behavioral needs? ☐ Yes ☐ No

If yes, please describe: _____

Is the child receiving any services through Early Intervention (EI) or CPSE? ☐ Yes ☐ No

If yes, please specify: _____

Does your child have an: ☐ IEP ☐ IFSP ☐ In the Process of Evaluating ☐ N/A

Will services be commencing upon enrollment at the CCI? ☐ Yes ☐ No

**A copy of the IFSP or IEP will be required for any services commencing at the CCI.

5. Consent Agreement

I give permission for The Diane Lindner-Goldberg Child Care Institute to use the information provided on this form to assist in identifying my child's needs and placement in one of our classrooms. I understand that this also includes preliminary evaluations/screens used to assess my child. I understand that this information will be kept completely confidential.

Name of Parent/Guardian

Date: _____

Signature of Parent/Guardian

Date: _____