

**Welcome to the WEE Center**  
**Intake Form**  
**Help Us Get to Know Your Child!**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

What name would you like us to call your child? Nickname? \_\_\_\_\_

If your child is 2 or 3 years old, are they fully potty trained? (circle one) YES NO

Does your child have any health care needs, special needs, delays, and/or disabilities? (allergies, medical condition, speech, potty training, etc.)  
(Circle one) YES NO

If your child has special needs, do they have an IFSP or IEP? (circle one) YES NO  
If yes, may we obtain a copy so that activities are individualized to address the developmental needs of your child? (circle one) YES NO

Has your child been in a preschool setting before?(circle one) YES NO  
Where?  
How long?

What is the primary language spoken at home?

What are some of your child's favorite foods?

Does your child have a favorite toy or comfort object? If so, what is it, and when does he/she need it most?

How does your child feel about coming to school?

Does your child know any other children in our center? (circle one) YES NO

If yes, who?

What makes your child angry? How do you deal with his/her anger?

Is your child especially afraid of anything? (circle one) YES NO

If yes, what?

Does your child have any sleeping issues?(circle one) YES NO

What is your child's sleeping schedule?

Nap time:

Bedtime:

What experience has your child had with other children?

How does your child show his/her feelings?

What do you hope your child will gain from this school experience?

What else would you like us to know about your child?