

Quarterly Intake Form Update

Child's Name: _____ Classroom: _____ Date: _____

The information below is only an update on your child's information originally collected when your child started in this classroom. This information is kept confidential and is used to help your child's teacher gain additional insight on how to continually provide your child with a positive and successful experience.

Please comment on the following and provide us with additional information or changes/updates on your child in regards to their development.

Family:

Health:

Eating/Meals (changes in likes/dislikes, patterns):

Emotions(changes in expressions, fear, comforts):

Sleeping (patterns, changes in frequency or length):

Overall Development (favorite activities, concerns) :

Toileting/Diapering (patterns, fears, etc):

Please indicate how you would like staff to communicate with you.

(feel free to use the back of this sheet for additional comments/information)

Parent Signature: _____ **Date:** _____

Teacher Review: _____ **Date:** _____

You may choose not to complete this form, however, this information is an opportunity for you to have input on your child's care and will assist your child's teacher in assessing their growth and development.