Living Christ Preschool Intake Form



	RESCHOO
Child's Name:	_ Birthdate:
We will do our best to accommodate children's individuely keeping to State licensing regulations. This is a requir	
Developmental/Health History	
Describe any health concerns or allergies your child h	as:
Describe how mobile your child is (sitting up, crawling	g, walking, rolling over, etc.)
Sleep and Nap Schedule	
Describe the routine for sleep/nap, current sle	ep/nap schedule, & mood after
sleep	,

Toileting/Diapering Procedure
Child will use school provided diapers Child will use parent provided diapers
Describe the routine for diapering, use of lotion/powder, sensitivity of skin, regularity of bowel movements, attempting to potty train
Child's Communication / Comfort
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What language/s is the child exposed to at home?
If other than English, please share some common words child is familiar with and their English
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If other than English, please share some common words child is familiar with and their English meaning:
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Describe how child is comforted when scared, frustrated, tired, hungry, or in pain:	
Schedule of Meals/Snacks	
Describe what amounts and how often child eats	
Describe how child is fed: (highchair, held, spoon fed, eats with hands, bottle)	
List food child is currently eating, indicate favorites	

Introducing New Foods

Below is a list of most foods served at LCP during AM and PM snack. As your child moves to eating solid food teachers will discuss with you when/how much of these items can be introduced to your child. Please refer to monthly snack calendar for daily scheduled snacks.

Fruits	
Oranges	
Apple Slices	
Grapes	
Pears	
Peaches	
Mixed Fruit	
Bananas	
Melon	
Pineapple	

Dairy	
Milk	
Cheese Sticks	
Yogurt	
Cottage Cheese	
Pudding	

Breads/Grains
Cereal
Bagel
English Muffin
Tortilla Chips
Muffins
Waffles
Pretzels
Toast

Miscellaneous
Hard Boiled Egg
Cheesy Potatoes
Various Crackers
Humus/Ranch Dips
Sunflower Butter
Egg Cups

Veggies	
Carrots	
Cucumbers	
Celery	
Peas	
Peppers	
Zucchini	
Cauliflower	

Combinations	
Mac-n-Cheese	
Trail Mix	
Overnight Oats	
Salsa	
Energy Bites	
Fruit Smoothie	
Cheese Quesadilla	
Granola Bars	

Parent/Guardian Signature:	Date:
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