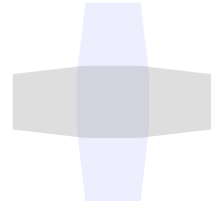


CHILD & FAMILY

BAMBINI CREATIVI ELEMENTARY INTAKE



Your child's teachers, and the school's director, will keep the information obtained from these forms confidential. The information will be used to help your child's teachers gain insight on how to provide your child with a positive and successful experience. However, we respect your privacy and want you to share only what you feel comfortable telling us. Thank you for taking the time to complete this form.

FAMILY INFORMATION

Child's Name: _____ Gender: Male Female

Child's Nickname: _____ DOB: ____/____/____

Parent/Guardian's Name: _____ Occupation: _____

Special Interests: _____

Parent/Guardian's Name: _____ Occupation: _____

Special Interests: _____

Marital Status: _____ Custody Concerns? _____

With whom does your child live? Please Explain. _____

Sibling(s), Name(s), and Age(s): _____

Nanny or frequent babysitters: _____

Other members of your household: _____

What languages are spoken in your home? _____

Does your family have any pets? What kind and what are their names?

HEALTH FACTORS

Does your child have any allergies and /or special physical condition. Please describe, and provide Allergy or Asthma Action plan, if applicable.

Is your child currently being treated for any medical problems? Please explain. _____

Are there any medications given regularly? Please list medications, dosages, and when they need to be taken:

Has your child had a serious illness, surgery and/ or accident? Please describe.

Does your child have frequent colds, strep throat, ear infections, etc,? Please describe.

Does your child have any sensitivity to sounds, noises, textures? Please describe.

What is your child's regular going to sleep and waking up routine?

Does your child have any personal care issues or need any special accommodations or considerations when going to the restroom?

Does your child have any questions about their growing and changing body?

FOOD

Does your child have any food allergies? Please describe and provide an Allergy and Asthma Action Plan if applicable.

Does your child have any eating problems? Please describe.

Please note: Bambini Creativi provides milk at snack and lunch each day. Snack foods are listed on a monthly menu provided to families. If your child cannot have what is on menu, due to medical or health related restrictions, please arrange to speak to our Healthy Living Specialist.

SOCIAL DEVELOPMENT

Is there anything we should know about your child's social development?

What interests your child and motivates them?

EMOTIONAL DEVELOPMENT

Please describe your child's personality traits. _____

How do you discipline your child at home?

What concerns do you have about your child's development?

In what ways would you like to see your child develop in the next year?

What are your expectations of this program?

How do you hope to grow as a parent this year?

How would you like to contribute your talents, knowledge, or skills to Bambini Creativi's educational project?

Please use this space to add information about your child's habits, abilities, and personality that you feel would help the educational team to provide a good experience for him or her.

Check the response that best applies. Please make any comments that you feel are relevant on the comment lines.

1. What is the student's attitude toward learning?

- Disinterested and/or frustrated when presented with new challenges.
- Student completes assignments/tasks inconsistently
- Student is receptive to and enthusiastic about new academic challenges.
- Student actively seeks and persists in new and rigorous academic challenges.

Comments (please include examples, successful strategies for support and your interest in resources to support your student in this area:

2. Emotional Development

- Student has difficulty separating from parent(s).
- Student becomes easily frustrated when presented with a challenge.
- Student thoughtfully considers feedback and criticism and modifies behavior appropriately.

Comments (please include examples, successful strategies for support and your interest in resources to support your student in this area:

3. Behavior

- Student has a history of frequent discipline problems in the classroom or home.
- Student has occasional discipline problems.
- Student has no history of discipline problems, but is not exemplary.
- Student's behavior is exceptionally positive and effective.

Comments (please include examples, successful strategies for support and your interest in resources to support your student in this area:

4. Relationship with Peers

- Student has extremely poor interpersonal skills.
- Student's interpersonal skills are not as well developed as age mates.
- Student's interpersonal skills are appropriate for age.
- Student demonstrates good interpersonal skills and prefers to be with older children and/or adults rather than age mates
- Student has good interpersonal skills with age mates, as well as with students both older and younger, and with adults.

Comments (please include examples, successful strategies for support and your interest in resources to support your student in this area:

5. Motivation

- Student does not complete assignments and appears disinterested in schoolwork.
- Student completes those tasks that are of interest to him or her.
- Student completes virtually all assignments on time and shows a positive attitude.
- Student completes most assignments more quickly and more comprehensively than other classmates.

Comments (please include examples, successful strategies for support and your interest in resources to support your student in this area:

6. Academic Self-Concept

- Student's academic self-concept is weak (under estimates abilities).
- Student's academic self-concept is inflated (over-estimates abilities).
- Student's academic self-concept is positive and realistic.

Comments (please include examples, successful strategies for support and your interest in resources to support your student in this area:
