



# SARAH'S SIDEKICKS

HOME  
DAYCARE



## INTAKE FORM

Please fill out the following to help your child with orientation.

Name / Nickname:

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Favorite food:

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Favorite Book:

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DOB:

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Favorite song:

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Favorite inside activity:

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Allergies / Food / Intolerance:

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Favorite Game:

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Favorite outside activity:

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Anything you feel relevant to your child's schedule change?

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Holidays I observe as a family:

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Holidays we do not observe as a family:

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I would like (please check one) applicable for first month:

Daily updates (via log)

Weekly updates:

My child is afraid of:

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What kind of "guidance" do you use with your child? (time in reflection is method used in daycare) concious discipline and reflection:

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If my child has trouble falling asleep I usually:

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Primary language(s):

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People who interact with my child (siblings, grandparents, etc.).

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Up to date with vaccines:

Yes  No

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Allergies/Intolerances/Food/ Medication:

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Here at Sarah's Sidekicks we value each child as an individual and strive to meet them at their level, help them grow a sense of self and community, we are silly and we love the outdoors!

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PLEASE INCLUDE A DETAILED SCHEDULE OF THEIR DAY IN THIS SECTION

Wake up:

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Nap:

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Notes:

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Thank you for taking the time to fill up this form, I really look forward to getting to know your child :)