**Rock and Walworth Comprehensive Family Services, Inc.**

Head Start/Early Head Start

1221 Henry Avenue, Beloit WI 53511 P**hone:** (608) 299-1500 • **Fax:** (608) 299-1629

**RWCFS EHS Over Two Intake Form**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CC: \_\_\_\_\_\_\_

1. Has your child attended any other daycare, other program or had babysitter’s where he/she needed to be separated from you? If so, what was that experience like for your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What type/s of activities does your child enjoy?

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1. What types of activities does your child dislike?

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1. Does your child have any fears that we should be aware of?

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1. What is your child’s naptime schedule? Does he/she have any special routine/s?

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1. What is your child’s meal time routine? Does he/she have any special specific likes or dislikes?

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1. What is your child’s bathroom time routine? Does he/she use any special words or have any toileting needs?

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1. What do you do to calm your child when they are upset or frustrated?

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1. Do you have any hobbies, interests, unique cultural or family traditions you would like to share with other families?

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1. What would you like your child to gain from being in Early Head Start?

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1. What would you like you and the rest of your family to gain from being in Early Head Start?

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Parent/Guardian Signature Date

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Parent/Guardian Signature Date

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Staff Signature Date

**(12/10)**