**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 Under Two Intake Form**

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

1. Is your child fed with a bottle? by breast? breast and bottle? my child feeds him/herself
2. How does your child like to be fed? (Example: on lap, at table, in high chair, etc.)

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1. If your child is eating solid foods, what are his/her favorite foods?

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1. Does your child have a fussy time of day? If yes, what is it like (how long, how is he/she best comforted, etc.)

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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. Please describe your child’s temperament:

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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 causes your child to feel angry or frustrated

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1. How do you express affection for your child?

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1. How does your child express feelings of happiness?

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1. Do you have any hobbies, interests, or 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