



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INTAKE FORM (Children 24 months +) YMCA CHILDREN'S ACADEMY

Child's Name _____ Age _____ DOB ____/____/____

1. What activities does your child enjoy doing?
2. What are the names and ages of siblings, including step siblings? Please indicate which, if any, siblings are also in our care at the YMCA Children's Academy.
3. Is your child living with both parents? If not, who has custody?
4. How much contact does your child have with the parent who is not living at home?
5. What other adults play a role in your child's life?
6. How does your child deal with situations such as disagreement with others?
7. Are you working on anything at home that we should be doing as well? Explain.
8. When do you find it necessary to discipline your child and how?
9. Was your child in day care previously? If so, was it a day care center, in-home care, relative, or other?
10. Is your child receiving any professional care for any reason? (Speech therapy, hearing, medical, etc.)
11. Does your child have allergies or medical concerns we should be aware of?

Please share any information that will help us better care for your child.