

Child's name:

Family composition and social	
Are there any brothers or sisters, and what are their ages?	yes no
Which language is spoken at home?	
Are the parents separated?	yes no
May someone else pick up your child?	yes no
How does saying goodbye currently go?	
How would you describe your child?	
What is your child like in interactions? Calm/active	
Are there any special considerations regarding your child's development?	
How does your child interact with other children?	
Is there anything in raising your child that you find difficult?	
What is your child good at?	
What does your child find difficult?	

Language and play development	
What does your child like to play with?	
Does your child enjoy drawing/arts and crafts?	
Does your child talk a lot at home?	
Can you understand your child well?	
Can other people understand your child well?	

Are there any special considerations regarding language development?	
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Sleep / attachment	
Does your child still sleep during the day?	yes no
Does your child have a comfort toy/pacifier when sleeping?	yes no
Does your child have a comfort toy/pacifier during the day?	yes no
Are there any special routines before going to sleep?	yes no

Nutrition

Baby	
Does your child still receive formula?	
How many ml does your child receive per bottle?	
How often does your child receive a feed?	

Toddler / preschooler	
What does he/she usually eat in a day?	
Morning	
Snack	
Lunch	
Snack	
Evening / dinner	
How well does your child drink?	
May your child eat chicken?	yes no
May your child eat beef?	yes no
May your child eat pork?	yes no
If no pork: is this for religious reasons?	yes no

May your child eat fish?	yes no
May your child eat nuts? (due to nut allergy risk)	yes no
May your child eat all types of vegetables?	yes no
May your child eat all types of fruit?	yes no
May your child have dairy products?	yes no
Are there any other foods your child may not have?	yes no

Health	
Does your child have an allergy?	yes no
Are there any products you would prefer us to avoid?	yes no
Does your child use medication?	yes no
If yes, which medication?	
Is your child vaccinated?	yes no

To be completed by RDV Kids staff	
Has the daily routine been explained?	yes no
May your child join outings within the local area?	yes no
May your child join outings outside the local area?	yes no
May your child appear on Facebook? (we do not tag)	yes no
Has the parent completed all information online?	yes no
Has the parent received an explanation about photos posted by parents?	yes no
Has the parent received the information brochure / been referred to the website?	yes no
Was the contract signed at the time of the intake?	yes no
Explain the house rules to the parents.	yes no
Explain the pick-up procedure/responsibility when a third party collects the child.	yes no
Have food and meal times been explained?	yes no
Has the Volg system been explained?	yes no
Has the illness protocol been explained?	yes no

Are there any other special agreements?	
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