Infant/Toddler Info Sheet

By providing complete information on this form, you will help your child's teachers to know and care for your child and create a positive experience while s/he is in our care.

Child's Name_____ Birthdate_____ Room_____

Parent's/Guardian's Name_____

Parent's/Guardian's Name_____

EATING

Current feeding schedule_____ Length of time on this schedule_____
Types of foods: ❑ breast milk ❑ formula ❑ milk (type)_____
How has child been fed: ❑ held in lap ❑ high chair ❑ chair at table
Child feeds self: ❑ no ❑ yes: ❑ hands ❑ spoon ❑ fork
How does your child take milk/liquids: ❑ nurse ❑ bottle ❑ sippy cup ❑ open cup
If your child nurses, have they had a bottle: ❑ no ❑ yes ❑ If yes, how often _____
Special feeding concerns: ❑ no ❑ yes (describe)

_____

_____

Food allergies: ❑ no ❑ yes (describe)

_____

_____

Does your child have any allergies other than to foods: ❑ no ❑ yes (describe allergy and symptoms)

_____

_____

NAPPING/SLEEP

Does your child take a nap: ❑ yes ❑ _no
How do you nap your child at home:_____

_____

What is their normal length of sleep:_____
Indicate times:_____
What objects do they like to sleep with (blanket, soft toy): (for over 1 year only) _____
Is your child a ❑ light sleeper ❑ heavy sleeper ❑ restless sleeper ❑ falls asleep easily

Mood upon awakening: _____

Does your child use a pacifier for nap: ❑ no ❑ yes If yes, brand _____

For children 1 year or younger:

What is position while napping:

❑ back (recommended for children under 1 year

❑ side, stomach (neither recommended) If this box is checked, we need a signed statement from the doctor indicating they recommend the child to be put to sleep on their stomach or side and the parent must initial and date, indicating that they understand that one of the most important things they can do to help reduce the risk of SIDS is to put their child to sleep on their back.

Date_____ Parent/Guardian initial_____

DIAPERING/POTTYING

Does your child use:

Diapers: ❑ no ❑ yes (❑ disposable ❑ cloth) Ointment: ❑ yes ❑ no Diaper wipes: ❑ yes ❑ no

Does your child have a sensitivity to certain brands of diapers/wipes:_____

Is your child in the beginning stages of toilet learning: ❑ yes ❑ no

Which does your child use at home: ❑ potty chair ❑ toilet

Is your child: ❑ trained for urine ❑ trained for bowels ❑ Do they wear a diaper at nap only

Parents must provide the daily needed supply of diapers/wipes and extra clothing for each child.

LANGUAGE

Family speaks what language: ❑ English ❑ Other If Other, specify:_____

Does your child understand English when spoken to: ❑ yes ❑ no

Child speaks in: ❑ vocalizations (babbles, combined vowel sounds) ❑ words ❑ sentences

Age child began talking: _____

PHYSICAL DEVELOPMENT

Is your child able to (check all that apply):

❑ get into a sitting position independently ❑ pull themselves up ❑ crawl ❑ walk holding on

❑ walk without support ❑ run ❑ do stairs

FAMILY CONSTELLATION

With whom does your child reside: (Please list everyone who lives with your child and their relationship to the child, and pets you might have.)

_____

_____

Have there been any major changes in the family constellation; any crisis in your family, such as medical problems, divorce, etc. which may have affected your child:

_____

_____

_____

SPECIAL CONCERNS

Do you have any concerns regarding your child's development: _____

_____

_____

BEHAVIORS

Does your child have any particular fears, such as loud noises or certain animals? Please describe:

_____

_____

_____

When your child is upset, how do you comfort them: _____

_____

_____

What are your usual methods of behavior guidance: _____

_____

_____

Does your child have any particular security object: ❑ pacifier/nuk ❑ special blanket ❑ stuffed animal

What is your child's typical reaction to:

	Accepting	Hesitant	Happy	Fearful
Men				
Women				
Strangers				
Other children				

OTHER INFO

What are some of your child's favorite activities, interests and toys:

_____

_____

Is your child used to playmates: ❑ yes ❑ no

Have they been in group child care before: ❑ yes ❑ no

Anything else you would like us to know? Please use an additional sheet, if necessary.

_____

_____

_____

Parent/Guardian Signature _____ Date _____