

# Infant and Toddler Additional Enrollment Information

This form should be used in addition to the Child Enrollment Form (PR-0185)



Child's Name	Nickname	Birthdate	Current age:
Name of Parent(s)			Date filled out by parent:
<b>Individual Interests</b>			
Does your child say any words? What do they mean?			
What are child's favorite games, toys and things to do?			
Any information that might be important or helpful to caregivers?			
Any pets in your home? If yes, type of pet(s)?			
<b>Typical Daily Schedule</b>		<b>Sleep</b>	
7:00		Any special sleeping routines?	
8:00			
9:00		Does your baby like to be rocked?	
10:00			
11:00		Is your baby always put on his/her back to sleep?	
12:00			
1:00		When does your baby usually sleep?	
2:00			
3:00		How long is a typical sleep period?	
4:00			
5:00			
<b>Liquids</b>		<b>Foods</b>	
<input type="checkbox"/> Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Parent on-site <b>Milk:</b> <input type="checkbox"/> Formula <input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim <input type="checkbox"/> Breast <input type="checkbox"/> Other: _____ Brand: _____ <b>Type:</b> <input type="checkbox"/> Powder <input type="checkbox"/> Ready to feed <b>Temperature:</b> <input type="checkbox"/> Heated <input type="checkbox"/> Room Temp <input type="checkbox"/> Cool <b>Amount/Serving Size:</b> _____  Juice: <input type="checkbox"/> Apple <input type="checkbox"/> Orange <input type="checkbox"/> Apricot <input type="checkbox"/> Grape <input type="checkbox"/> Peach <input type="checkbox"/> Pineapple Any other liquids? _____ Amount: _____ Frequency: _____		What does your child eat?  <input type="checkbox"/> Baby Food <input type="checkbox"/> Table/Finger Foods Types/Amount: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	