

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:	
Individual Interests 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)?			
Typical Daily Schedule		Sleep	
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			
Liquids		Foods	
<input type="checkbox"/> Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Parent on-site		What does your child eat?	
Milk: <input type="checkbox"/> Formula <input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim <input type="checkbox"/> Breast		<input type="checkbox"/> Baby Food <input type="checkbox"/> Table/Finger Foods	
<input type="checkbox"/> Other: _____		Types/Amount:	
Brand: _____			
Type: <input type="checkbox"/> Powder <input type="checkbox"/> Ready to feed			
Temperature: <input type="checkbox"/> Heated <input type="checkbox"/> Room Temp <input type="checkbox"/> Cool			
Amount/Serving Size: _____			
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: _____	