**Infant Information Form**

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| Child’s Name  Last First |
| *By completing this form, you will help staff create a positive experience while your child is in our care.* |
| Who lives at home with the child? |
| What is the primary language spoken at home? |
| Are there any special family arrangements, such as shared parenting or custody agreements? |
| Has your child recently experienced any changes or transitions? |
| Are there any cultural or religious practices of your family we should be aware of? |
| **Sleeping** |
| How does your child indicate sleepiness? |
| What helps your child fall asleep? |
| What position does your child sleep in? Is your child used to quiet or noise? In bed or chair? |
| How does your child wake up?  |
| **Being awake and playing** |
| Does your child engage in tummy time? How do they play at home? |
| What types of things does your child like to explore? |
| How do you engage in play? Do you hold while playing? Lay on floor? Sit in front of? |
| Do you read to/with your child? How do they respond? |
| **Feeding and Eating** |
| How do you prepare your child’s formula? |
| What temperature does your child prefer the formula?  |
| Is your child eating any solid foods? What types? How do you prepare? |
| How does your child eat the solid foods? Using fingers or spoon? Fast or slow?  |
| Any foods they dislike? Any food allergies you have noticed? |
| **Bodily Care** |
| Does your child use any cream/powder regularly?  |
| Is your child prone to rashes and/or have sensitive skin? |
| **Daily routine** |
| On a typical day at home, what is your child’s schedule? For example, when do you wake up, eat, nap and play? This will help us set up their schedule at our center. |
| What are you anxious about as they start our program? |
| What are you excited about as they start our program? |
| What are your expectations of this program? |
| Parent Signature Date |