



Infant

Development and Preference History

Date: _____ Enrollment/Transition Date: _____

Child's Name: _____ DOB: _____

Parent/Guardian #1 Name: _____

Occupation/Place of Work: _____

Parent/Guardian #2 Name: _____

Occupation/Place of Work: _____

Is there a preferred name to call your child? _____

What Languages are used in your household? _____

Are there any custody or parental arrangements we should be aware of?

To allow us to partner with you as a parent and provide a consistency of care for your child, what is your parenting style/philosophy? _____

What do you hope your child/family will gain while attending our program? _____

Is there something you're hoping for in our program that you have been dissatisfied by in other programs? _____

Infant: Development and Preference History

Family Information:

Please list all family members and pets that live in your household, or your child regularly interacts with. When including siblings please list their age. Last, please also write out names as your family says them. For example: Grandma's name may be "Gi Gi".

This enables us to have authentic conversations in the classroom and create a cohesive environment of care.

Family Member Name	Relationship	How does your family address them?

Comforting Your child:

Does your child like to be held when upset? Yes ____ Sometimes ____ No ____

If yes, how? Cradled in arms ____ Against Chest/Looking Over Shoulder ____ Facing Outwards ____

Does your child have a Security Item? _____

If so, please list how they ask for it, what they call it and how they say it when asking for it. _____

Does your child use a pacifier? Yes ____ Sometimes/Weaning ____ No ____

Please describe how you typically comfort your child when upset/sad: _____

Please describe, if any, soothing techniques your child does **not** like when upset/sad:

Infant: Development and Preference History

Daily Routine:

In the table below please share your child's current daily routine. This should include feeding and naps from morning until approximately 6pm.

Be sure to specify what type (breastmilk, formula, puree, cereal etc) of food and approximately how many ounces are normal during each feeding and approximately how long they typically sleep for each nap.

Please know that you will also need to fill out a State of MT form Infant Feeding Schedule; you will have the ability to update this information on both forms as your child's age progresses and preferences change.

Last, we will always care for your child based on their need's day to day. These forms are great for guidance and to help us better understand your child; however, we will never wait to feed, change, or let a child fall asleep to adhere to the written routine.

Time	Task	Notes

Infant: Development and Preference History

Family Communication Style & Individualized Phrases:

In the table below, please write how your family or child (if they are verbal/use sign language) typically communicates common phrases we will use daily with your child. If your household uses additional languages at home, please also list in that language below. If there are other phrases you think we should know, please write them in the extra spaces.

For Example, your child might use different verbiage when they are ready to go to sleep aside from "I'm ready for night-night or it's nap time" They may say "Blankie and Nigh Nigh".

Knowing this helps prevent your child from becoming stressed when trying to communicate their needs to us and allows us to tailor our communication style for your child.

Phrase	How does your child/family say it?
It's Time to Eat	
Are you Hungry?	
Let's Change your Diaper	
Time to Clean Up	
It's time to rest our body with Naptime	
Mommy & Daddy will come back	
Are you thirsty, do you want a drink?	
Accident, Pee & Poop	
Time to Wash Hands	

Infant: Development and Preference History

Does your child know any sign language? Please list in the box below.

Please share any family specific customs/cultures that you'd like us to be informed of to help make your child's experience meaningful and allow for diversity and inclusion in our classrooms:

Developmental History:

Does your child: Sit with Support _____ Sit Unsupported _____ Roll _____ Crawl _____
(Check all that apply)

Pull Self Up _____ Stand _____ Walk w/Support _____ Take Steps _____ Walk _____

Does your child point/gesture to things they want? _____

Do you have any developmental or behavioral concerns for your child? _____

Does your child: Coo _____ Babble _____

Is your child saying any words? Yes _____ No _____ If so, please list: _____

Is your child speaking 2-3-word sentences? Yes _____ Not Quite _____ No _____

Infant: Development and Preference History

Health History:

Does your child take any medications or supplements? If so, please list: _____

**** Please note these items cannot accompany your child unless you've completed the required paperwork, always contact center leadership if medication needs to be provided****

Was your child born pre-mature or have they experienced severe illness or hospitalizations? _____

Please describe any special physical conditions, disabilities, allergies or concerns:

Dietary Routines and Practices:

Does your child use silverware to eat? Yes ____ Sometimes ____ No, uses hands ____

Where does your child eat? Highchair ____ In Arms ____ Other ____ _____

How would you best describe your child's eating habits? Picky ____ Eager ____

If picky, what should we know: _____

If solids have been introduced, does your child have favorite or preferred foods?

Does your child currently refuse any foods? _____

Do you have any meal-time routines or requests (cultural or otherwise) that you'd like to share? _____

Infant Development and Preference History

Diaper Changing & Bathroom Routine

Please select where your child is currently at with diapering/toilet training:

- My child wears a diaper all day and night and is not showing signs/interest in potty training.
- My child wears a diaper all day and night and is beginning to show signs/interest in potty training.
- My child wears pull-ups all day and night and is expressing interest in potty training. They tell us when their pull up has been soiled; and follows me to the bathroom/is curious about the toilet.

What signs, or indications does your show when they've soiled their diaper? _____

Does your child experience signs of colic, reflux, or excessive spit up? _____

Does your child experience regular issues with constipation or diarrhea? Yes No

Explanation: _____

Do you have any specific diapering/potty training requests or routines?

Sleeping Routines and Practices:

What time does your child typically wake in the morning? _____

Does your child have any rituals/routines upon waking? _____

What is your child's mood like upon waking? _____

Infant Development and Preference History

If your child wakes up upset, how do you usually soothe them? _____

Any Nap Rituals/Routines? _____

Where does your child sleep at home? _____

Does your child's nap/rest time security item/blanket need to go home daily?

Notes/Other:

Social Interactions

Has your child been in group care before? Yes_____ No_____

If yes, please explain your child's experience _____

Please explain your child's general disposition/personality (friendly, shy, curious, quiet, etc.): _____

Infant Development and Preference History

How does your child typically react to new social situations? _____

What are your child's favorite toys and activities?

Is there anything your child fears or gets nervous of? _____

What else should we know about your child to help them feel safe and enable us to provide your family with an excellent experience in our program? _____

Parent Signature

Date