

Intake for Child Under 2 Years

			Start Date:
Parent and Child Information			
Child First and Last Name:			Birthdate:
Parents Names:			Child's Nickname (if any):
Feeding			
Milk Type: Breastmilk Formula Whole N	∕lilk □ Ot	her (specify)	
If Formula, specify brand or type:			When eating, child is: □ Held in lap□Other:
Size of bottle in ounces: How of	ten does your	child eat:	
Is your child breastfeeding at home? Yes Do Anything different we can do to support this?		Any special feeding	notes:
Food Type (if any):	·		Feeds self □ Not Yet □ Hands □ Utensils
Favorite Foods		Refused Foods	
Sleep			
Typical Number of Naps		Typical Nap Length	
What helps your child fall asleep:			
Does your child use a pacifier? If so, at what times	?	Do you want your ch	nild to be swaddled?
Diapering			
Diaper Type Disposable Cloth		Diaper Cream Type (	(if any) and how often
Sensitive Skin or other notes:			

Health and Development				
Is your child able to:				
Sit Up Alone 🛛 Pull Up	Crawl	U Walk Holding	On [	Walk without support
Is your child used to playmates?				
		No		
Is your child used to caregivers besides t				
	I Yes □	No		
Any favorite activities, likes, or dislikes:				
Important Health Conditions or Concern	s: (should also be	e on Health History fo	rm)	
Communication and Comforting				
What helps to comfort your child?		How does	your child	l communicate with you?
Language spoken at home:	Notes about o	communication:		
<b>A 1</b>				
Other Notes :				
(any information that will help us be	tter understan	nd and care for yo	our child	and give you both a positive
experience here at Building Blocks.)				

Signature- Parent or Guardian

Date Signed
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## Updated:

Parent Signature	Date
Parent Signature	Date
Parent Signature	Date