

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: | | |
| | | | | |
| A 1 | | | | |
| 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.) | | | | |
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Signature- Parent or Guardian

| Date Signed |
|-------------|
|-------------|

Updated:

| Parent Signature | Date |
|------------------|------|
| Parent Signature | Date |
| Parent Signature | Date |