



# Childcare Center LLC

## 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 Milk ☐ Other (specify)

If Formula, specify brand or type:

When eating, child is:

☐ Held in lap ☐ Other:

Size of bottle in ounces:

How often does your child eat:

Is your child breastfeeding at home?

☐ Yes ☐ No

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 child to be swaddled?

☐ Yes ☐ No

### Diapering

Diaper Type

☐ Disposable ☐ Cloth

Diaper Cream Type (if any) and how often

Sensitive Skin or other notes:

