

Hill and Dale Infant Information Sheet

To better serve your child in their new room, please answer the following questions and turn this in to their teacher or the office.

Answering any question is optional.

Child's name _____ Nickname _____

Birthday _____ Age _____

Parents' names _____

Who does the child live with? ex: siblings (with ages), grandparents

List the following:

Fears _____

Likes _____

Dislikes _____

How does your child react to frustrating situations?

Does your child use a security blanket or other object when they sleep? _____

If so, what item? _____

Is your child potty trained & if so, at what age? _____

What does your child say when they need to urinate? _____

What does your child say when they need to have a bowel movement? _____

Is there anything else you would like to share that would be helpful with their care?

What are your expectations for your child at Hill and Dale?

Feeding Information

Date _____

My child's bottle schedule:

My child eats approximately _____ oz. every _____ hours.

If your child drinks juice, please indicate when you would like them to have it.

Approximate times for juice: _____

My child's food schedule:

Approximate Time	Food Item	How much
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Information:

My child uses a pacifier: ☐ Yes ☐ No