



Helpful Information about your  
child — Infants

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Does your child have any nicknames he or she likes or is used to? \_\_\_\_\_

Are there any other important adults in your child's life? \_\_\_\_\_

Has your child been enrolled in childcare before? \_\_\_\_\_

Does your child have any siblings or close friend relationships? \_\_\_\_\_

Has your child begun to get teeth? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

How does your child deal with being separated from you? \_\_\_\_\_

\_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

\_\_\_\_\_

How does your child like to be comforted when upset? \_\_\_\_\_

\_\_\_\_\_

What toy(s) does your child most like to play with? \_\_\_\_\_

Are there specific rituals your child is accustomed to at mealtime? \_\_\_\_\_

\_\_\_\_\_

Is your child:

Bottle-fed:

What type of bottles does your child use? \_\_\_\_\_

What type of nipple? \_\_\_\_\_

Does the bottle need to be warmed? \_\_\_\_\_

What kind of formula does your child use? \_\_\_\_\_

How much and how often does your child eat? \_\_\_\_\_

How many ounces of formula does your child take between burps? \_\_\_\_\_

Breast-fed:

Will you be coming into the center to nurse your baby? \_\_\_\_\_

Will your child drink breast milk from a bottle? \_\_\_\_\_

How often does your child nurse, and for how long? \_\_\_\_\_

\*It is a much smoother transition for both the baby and the caregiver if the baby is taking a bottle when they start childcare.

Does your child eat solid foods? \_\_\_\_\_ If yes, please specify the type of food, amount, and eating schedule:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snack: \_\_\_\_\_

Does your child have a particular blanket, toy or pillow that he or she sleeps with? \_\_\_\_\_

Tell us about your child's sleeping habits/patterns. \_\_\_\_\_

Are there specific rituals your child has become accustomed to at nap or bedtime? \_\_\_\_\_

Has anyone expressed concern about your child's development? \_\_\_\_\_

How do you set your child's limits at home? (Boundaries, dealing with positive and negative behavior)

Is there anyone who is restricted from picking-up or inquiring about your child? \_\_\_\_\_

Do you prefer written or verbal parent/teacher communication? \_\_\_\_\_

How often? (daily, weekly, etc.) \_\_\_\_\_

What is most important for you to know from parent/teacher communication? \_\_\_\_\_

What are your expectations for your child's experience while at the center? \_\_\_\_\_