



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? _____