

Infant Enrollment Intake Form

Child's Name: _____ Date of Birth: _____ Gender: M F

Eating

Is your child on any special diet? ____ Vegetarian ____ ovo-lacto ____ vegan ____ other

Does your child have any food allergies? _____ If yes, please describe _____

Would you allow us to post a photo of your child to alert all staff to his/her allergy? Yes No

What does your child use to drink?

____ bottle ____ sippy cup ____ regular cup ____ nursing ____ other: _____

How often does your child eat? _____

Has your infant started on any other foods besides formula or breast milk? _____

Sleeping

Does your child nap? Yes No How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or "lovey", or pacifier? Yes No

Are there specific bedtime routines at home? _____

Where does your child sleep at home? _____

Toileting

Does your child use diapers? Yes No ____ Cloth ____ Disposable ____ Pull ups

If cloth, remember that we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.

Are there any specific ointments or lotions your family uses: _____

Development

Do you have any concerns about your child's development? Yes No

____ Hearing ____ Vision ____ Language ____ Gross Motor ____ Fine Motor ____ Social ____ Other

Is there anything about your child's birth that you would like to share? _____

What is your child's primary spoken language? _____

Are there other languages being used with your child _____

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Social and Emotional development

Has your child been in child care before? Yes No

Does your child have a regular routine when at home? _____

Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids?

Does your child have any siblings? _____

Does your family have any pets? _____

Who else lives in your house? _____

What soothes your child? _____

What frightens your child? _____

Does your child have any favorite songs or games that comfort them? _____

What concerns do you have about leaving your child in care? _____

Do you have any suggestions that will help ease your child's transition into care? _____

What are your expectations or hopes for your child at our child care center? _____

What are your expectations for the Children's Center and Center staff members?

Is there anything regarding your family, extended family or child that you would like to share with us

