

GETTING TO KNOW YOUR INFANT

Please fill out this form for your child ages 0 to 18 months. It will help us get to know your child better. Thank you ☺

Child's Name: _____ Child's Date of Birth: _____

Child's General Mood: Are they mostly Happy, fussy, colicky, what? _____

Has your child stayed with anyone else besides parents? _____ If so who? _____

Is your child bottle or breast-fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle, room temp, warmed, cold? _____

Is your child on baby cereal? _____

On baby foods? _____

List amounts of food, types of food and times your child usually eats below:

Breakfast _____

Lunch _____

Snack _____

Will your child have a bottle or breast fed before arriving? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____. What is it? _____

Does your child sleep through the night? _____ If not how often does he/she wake and what do you do -
feed, rock change etc? _____

When does your child usually wake in the morning? _____

When does your child usually nap in the morning? _____ Afternoon? _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____ Date _____

WMUMC GETTING TO KNOW YOUR CHILD Age 2 UP

Family Composition:

- Your household

Where do you live? _____

Who lives with you - names and relationship to your child?

- Does your child have any parents that do not live in the home? _____

- Does your child visit this parent _____

- Are there any custody issues that we should be aware of? _____

- Does your family have any pets? _____

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- Does your child respond to any nicknames or any nicknames for family members? _____

- Is there any other information about your family's composition that you would like to share?

Child Information

- Has your child been in an early learning program or child care before? _____

- If yes, would you share some information with us?

Where? _____

When and for how long? _____

Is there a reason for leaving that program that you would like to share? _____

○ How did your child react to other children and adults? _____

• What do you think will happen the first day you leave your child with us? _____

• Does your child have any imaginary friends? _____

• Are there any special problems or fears that we should know about? _____

• Does your child do any of the following:

- Nail biting? _____
- Thumb sucking? _____
- Stuttering? _____

• Any special needs (medical, developmental, social, mental health)? _____

○ Do any of these special needs require special care by our teachers? _____

○ Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)? _____

- If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.
- What program or individuals work with your children in regards to these special needs? Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child? _____

• Does your child have any allergies? _____

○ Food Allergies _____

○ Environmental Allergies _____

- Allergies to medicine _____
- How are your child's allergies treated? _____
- Do you have any special medical or dietary information for management in an emergency situation
(medicine to keep on hand, people to call, etc.)? _____
- Any other medical or special needs? _____
- Describe your child's schedule:
 - Normal bedtime, waking time, nap time and duration _____
 - Meal times _____
 - Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, school)? _____
- Regarding toilet habits, what words does your family use for bowel movements and urination?

- Any special terminology for private parts? _____
- Is your child toilet trained? _____
- Does your child need to be reminded to go to the toilet during waking hours? _____
- Is there information that will help us make the first few days in our program easier for your child?

- Is there other information you would like to share?
