

## Child Care Enrollment Infant and Toddler Information

*To Be Completed by Parent*

**Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.**

Name of child care center/home			Date enrolled
Child's Name	Nickname	Birthdate	Child's age at entry
Name of Parent(s)			Phone (day)

### Health

Any special/medical needs?

Any previous medical history?

Any allergies?

Any medications?

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### Individual Needs

Does child say any words? What do they mean?

What languages are spoken in the home?

What are child's favorite games, toys and things to do?

How do you comfort your child when he or she is upset?

Any information that might be important or helpful to caregivers?

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### Family

Members of Household

Relationship

Age if Sibling

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Any pets?

**Over ⇒**

### Typical Daily Schedule

7:00 \_\_\_\_\_  
7:30 \_\_\_\_\_  
8:00 \_\_\_\_\_  
9:00 \_\_\_\_\_  
10:00 \_\_\_\_\_  
11:00 \_\_\_\_\_  
12:00 \_\_\_\_\_  
1:00 \_\_\_\_\_  
2:00 \_\_\_\_\_  
3:00 \_\_\_\_\_  
4:00 \_\_\_\_\_  
5:00 \_\_\_\_\_

### Sleep

Any special sleeping routines?  
  
Does your baby liked to be rocked?  
  
Is your baby always put on his/her back to sleep?  
  
When does your baby usually sleep?  
  
How long is a typical sleep period?

### Liquids

Cup     Bottle     Parents on-site

Milk:     Formula             Whole milk  
           Breast                 2%  
           Skim

Brand: \_\_\_\_\_

Type:     Powder         Ready to feed  
 Heated     Room Temp     Cool

Amount/serving: \_\_\_\_\_

Juice:     Apple             Orange  
           grape:             Peach  
           Pineapple:     Apricot

Any other liquids? \_\_\_\_\_

### Foods

What does your child eat?  
 Baby Food             Table Food

Types/Amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_