Infant and Toddler Child Care Enrollment 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?

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?

Family

Members of Household	Relationship	Age if Sibling

Any pets? If yes, type of pet.

Typical Daily Schedule	Sleep
7:00	Any special sleeping routines?
8:00	
9:00	Does your baby like to be rocked?
10:00	
11:00	Is your baby always put on his/her back to sleep?
12:00	
1:00	When does your baby usually sleep?
2:00	
3:00	How long is a typical sleep period?
4:00	
5:00	

Liquids	Foods
☐ Cup ☐ Bottle ☐ Parents on-site Milk: ☐ Formula ☐ Whole Milk ☐ Breast ☐ Other: ☐ Skim Brand: _____ Type: ☐ Powder ☐ Ready to feed ☐ Heated ☐ Room Temp ☐ Cool Amount/Serving Size: _____ Juice: ☐ Apple ☐ Orange ☐ Apricot ☐ Grape ☐ Peach ☐ Pineapple Any other liquids? _____ Amount: _____ Frequency: _____	What does your child eat? ☐ Baby Food ☐ Table Food Types/Amount: