INTAKE INFORMATION FOR CHILD UNDER 16 MONTHS

As your child enters our school, it is important to know as much about him/her as possible.

HOME INFORMATION

Name: _____ Nickname: _____

Address: _____ Birth date: ____/____/_____

Parent 1: _____ cell: _____

Parent 2: _____ cell: _____

HEALTH CONDITIONS (check all that apply)

□ Colic □ Colds □ Convulsions □ Ear Infections

□ Allergies List allergies:_____ □ Other: _____

EATING

1. Bottle □ Yes □ No Holds the bottle: □ Yes □ No

□ Whole milk □ Breast milk □ Formula: brand of formula _____

Amount your child takes at a feeding: _____

At what temperature does your child like the bottle? □ Cold □ Room temp. □ Lukewarm □ Warm

After how many ounces to you burp your baby? _____

How do you burp your baby? □ Over the shoulder □ Sitting on your lap □ Other _____

Do you want the bottle: □ A clean one every time □ Rinsed & reused each time

2. Cereal □ Yes □ No

Mix with: □ Water □ Juice □ Other _____ Amount taken: _____

Special instructions: _____

3. Jar food □ Yes □ No

Feed jar food: □ In infant seat □ In high chair □ Other: _____

□ Veggies □ AM Amount _____ □ Noon Amount _____ □ PM Amount _____

□ Fruits □ AM Amount _____ □ Noon Amount _____ □ PM Amount _____

□ Dinners □ AM Amount _____ □ Noon Amount _____ □ PM Amount _____

Special instructions: _____

4. Table food □ Yes □ No

Foods NOT to be given: _____

Special feeding instructions: _____

List food allergies: _____

List favorite foods: _____

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NORTHFIELD, MINNESOTA 55057
PHONE: (507) 663-1279

INFANT INTAKE INFORMATION

SLEEPING

1. During the day does your child nap? □ Yes □ No

Falls asleep: □ Easily □ Takes time □ In bed by themselves □ By rocking

Does your child have a special object or routine at naptime? _____

COMFORTING

1. Child has a fussy time: □ Yes □ No If so, when: _____

How long? _____ Methods of comfort: _____

2. Child: □ Uses a pacifier □ Sucks their thumb □ Uses a special toy or blanket

3. Child likes to be: □ Held □ Rocked □ Sung to □ Told stories □ Read to

4. Child likes: □ Stuffed toys □ Music/musical toys □ Playing independently □ Playing with others

□ Other likes _____

DIAPERING

1. Brand of disposable diapers: _____ Brand of wipes: _____

2. Susceptible to diaper rashes? □ Yes □ No Use lotion/cream? □ Yes □ No

When to be used? _____ Brand of lotion/cream: _____

3. BM: How frequently? _____ Appearance: _____

4. How often would you prefer your child to be changed? □ Every 2 hours □ Every 3 hours

PHYSICAL DEVELOPMENT

□ Holds head up □ Rolls □ Sits □ Scoots □ Crawls □ Pulls up □ Stands □ Walks w/help □ Walks alone

□ Other comments: _____

EMOTIONAL DEVELOPMENT

1. Does your child have: □ Fears Example: _____ □ Frustrations Example: _____

2. What makes your child happy? _____

CHILD'S SCHEDULE

1. My child typically takes the first bottle at _____

My child typically takes a bottle every _____ hours.

2. My child typically takes cereal at _____

3. My child typically takes a first nap at _____ Second nap: _____ Third nap: _____

PLEASE USE THIS ADDITIONAL SPACE TO INCLUDE COMMENTS AND/OR INFORMATION THAT WILL HELP US GET TO KNOW AND CARE FOR YOUR CHILD. Thank you!

INFANT INTAKE INFORMATION

What you need to provide:

- Disposable diapers
- Formula or breast milk
- Baby food
- Baby cereal
- Wipes (in solid rectangular boxes)
- Bottles (not glass)
- Liners for bottles (if applicable)
- 2 changes of clothing (season/size appropriate)
- Pacifier
- Diaper rash ointment
- Fever and pain relief medication

What you may want to provide:

- Teething pain relief
- Sun screen
- Suction bulb for stuffy noses

What we provide:

- Whole milk
- Table food
- Snack items such as Cheerios, crackers, graham crackers, cookies
- Daily sheets to tell you about your child's day
- Apple juice, diluted by ½
- Sippy cups
- Blankets
- Bibs
- Spoons
- Bowls
- Burp cloths

Upon arrival, please let us know the last time your child was fed and fed, as well as when they last woke up. Noting this information on the daily sheet would be helpful.

Used bottles must go home every night.

Infant Room Schedule:

7:30 – 9:00	Breakfast
9:00 – 11:00	Rest Individual activities Group activities
10:30 – 12:30	Lunch
12:30 – 2:00	Quiet time/Rest
2:00 – 3:30	Snack
3:00 – 6:00	Special activities

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