



INTAKE INFORMATION FOR CHILD UNDER 16 MONTHS

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

HOME INFORMATION

Name: _____ Nickname: _____

Address: _____ Birth Date: ____ / ____ / ____

Address 2 (if applicable): _____

Parent 1: _____ Cell: _____

Parent 2: _____ Cell: _____

Parent 1 Email: _____

Parent 2 Email: _____

Emergency Contact: _____ Phone: _____

HEALTH CONDITIONS/SPECIAL NEEDS

Does your child have any health conditions? Allergies List Allergies: _____

Other: _____

EATING

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

Whole Milk Breast Milk Formula: Brand _____

Amount your child currently takes at a feeding: _____

At what temperature does your child like their bottle? Cold Lukewarm Warm

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

2. Cereal Yes No

3. Jar Food Yes No

4. Table Food Yes No

SLEEPING

During the day does your child nap? Yes No My

child typically naps every _____ hours.

Falls Asleep: In bed by themselves By rocking Other _____

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

COMFORTING

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

Child likes to be: Held Rocked Sung to Read to

DIAPERING

Disposable Diapers Cloth Diapers

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

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

When to be applied? _____ 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

*BM will always be changed immediately after it occurs

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: _____

What makes your child happy? _____

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!

What you need to provide (all items must be labeled with first and last name):

- Disposable or cloth diapers
- Liners for bottles (if applicable)
- Sealable container/bag for cloth diapers
- Pacifier (no animal attached)
- Formula or breast milk
- Diaper rash ointment
- Wipes (in a solid rectangular box)
- 2 changes of clothing
- Bottles (no glass) - 1 bottle per feeding
- (season/size appropriate)
- Used bottles must go home every night to be cleaned
- Lotion (as needed)
- Sleep sack (to be kept at the center)
- Sunscreen (6 months and older) –
- Thin Blanket (after the age of 1 year)
- non aerosol & nut free