

Name: _____

Birthday: _____

Starting Date: _____

Starting Age: _____

Feeding

Please describe your child's eating habits:

Usual amounts: _____

Time for Meals: _____

Texture Preference: _____

Allergies: _____

Foods NOT Allowed: _____

Doctor's Special Instructions: _____

Finger Foods: _____

Cup: Yes No

Sits at table: Yes No

Type of Formula:

Isomil

Similac with iron

Enfamil with iron

Nursoy

Enfamil

Other _____

Diapering

Please describe the diapering routine used at home. Does your child like/dislike being changed? Where are they used to being changed?

Napping

Please describe your child's sleeping habits using as much detail as necessary. What is the approximate length of time your child sleeps? How many naps a day does your child take? Where does your child sleep at home? Does your child like to be held, rocked, or placed in a crib? Does your child like to have their back rubbed, hair stroked, etc.? In what position does your child sleep? How long does your child sleep at night? Does he/she sleep through the night?

Does your child have any pre nap routines? Describe any special songs, books, etc.

Medical

Does your child have a history of any current serious medical conditions we should be aware of?

No Yes (please describe) _____

Is your child taking any medications? No Yes (what kind) _____

Does your child have any known allergies other than foods already listed (powders, materials, detergents, insects, etc.)

Daily Routine

At first, we will follow your child's routine. That is the reason we need the above information from you about your child's needs. It is our hope that the exchange of information between parents and teachers, will result in the best possible care for your child while they are away from home. Please outline your child's typical daily schedule at home. If your child does not have any patterns established yet, we can work together and, over time, discover your child's unique rhythms.

Other Concerns

Are there any topics you wish to discuss with us? We are always here to listen to your comments, address your concerns and questions, and accept criticisms for the benefit of your child and others. Please feel free to visit or ask for a conference at any time.

Parents are responsible for providing: diapers, wipes, jar food, cereal, formula, bottles, cups, pacifiers, clothes, and anything else your child might need.

Parents Signature _____ Date _____

Teachers Signature _____ Date _____