

The Children's Place
Infant and Toddler Information

Date: _____

Child's Name _____ Home Phone _____

Parent/Guardian Names _____

Home Address _____

Allergies _____

Naptime What time does child nap? _____

Is child usually rocked to sleep? _____

To reduce the risk of SIDS, your child will be placed on his/her back to nap unless otherwise noted by the parent. Please indicate any other preference with a reason, signature and date. _____

Mealtime Can child hold his/her own bottle? _____

Can child feed him/herself? _____

What does child normally eat? _____

Is infant nursed? _____ If yes, do you plan to visit the center to nurse? _____

What time? _____

How is child burped? _____

Diapering How often is child usually changed? _____

Words used to express diaper needs _____

Does your child use a pacifier? _____ If yes, when? _____

Does your child have a security item? _____ If yes, what and when is it used? _____

Child's favorite toy _____

Child's favorite activities _____