

Infant and Toddler Additional Enrollment Information

This form should be used in addition to the Child Enrollment Form (PR-0185)



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| Child's Name | Nickname | Birthdate | Current age: |
| Name of Parent(s) | | | Date filled out by parent: |
| Individual Interests | | | |
| Does your child say any words? What do they mean? | | | |
| What are child's favorite games, toys and things to do? | | | |
| Any information that might be important or helpful to caregivers? | | | |
| Any pets in your home? If yes, type of pet(s)? | | | |
| 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 | |
| <input type="checkbox"/> Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Parent on-site Milk: <input type="checkbox"/> Formula <input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim <input type="checkbox"/> Breast <input type="checkbox"/> Other: _____ Brand: _____ Type: <input type="checkbox"/> Powder <input type="checkbox"/> Ready to feed Temperature: <input type="checkbox"/> Heated <input type="checkbox"/> Room Temp <input type="checkbox"/> Cool Amount/Serving Size: _____ Juice: <input type="checkbox"/> Apple <input type="checkbox"/> Orange <input type="checkbox"/> Apricot <input type="checkbox"/> Grape <input type="checkbox"/> Peach <input type="checkbox"/> Pineapple Any other liquids? _____ Amount: _____ Frequency: _____ | | What does your child eat? <input type="checkbox"/> Baby Food <input type="checkbox"/> Table/Finger Foods Types/Amount: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | |