



Infant and Toddler Child Care Enrollment Information

To Be Completed by Parent

Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

Name of child care center/home			Date enrolled
Child's Name	Nickname	Birthdate	Child's age at entry
Name of Parent(s)			Phone (day)
Health			
Any special/medical needs?			
Any previous medical history?			
Any allergies?			
Any medications?			
Individual Needs			
Does child say any words? What do they mean?			
What languages are spoken in the home?			
What are child's favorite games, toys and things to do?			
How do you comfort your child when he or she is upset?			
Any information that might be important or helpful to caregivers?			
Family			
Members of Household	Relationship		Age if Sibling
Any pets? If yes, type of pet.			

Typical Daily Schedule	Sleep
7:00	Any special sleeping routines?
8:00	
9:00	
10:00	Does your baby like to be rocked?
11:00	Is your baby always put on his/her back to sleep?
12:00	
1:00	
2:00	When does your baby usually sleep?
3:00	How long is a typical sleep period?
4:00	
5:00	
Liquids	Foods
<p> <input type="checkbox"/> Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Parents on-site Milk: <input type="checkbox"/> Formula <input type="checkbox"/> Whole Milk <input type="checkbox"/> Breast <input type="checkbox"/> Other: <input type="checkbox"/> Skim Brand: _____ Type: <input type="checkbox"/> Powder <input type="checkbox"/> Ready to feed <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: _____ </p>	<p> What does your child eat? <input type="checkbox"/> Baby Food <input type="checkbox"/> Table Food Types/Amount: _____ _____ _____ _____ _____ _____ _____ _____ </p>