



# 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)
<b>Health</b>			
Any special/medical needs?			
Any previous medical history?			
Any allergies?			
Any medications?			
<b>Individual Needs</b>			
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?			
<b>Family</b>			
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	
12:00	
1:00	Is your baby always put on his/her back to sleep?
2:00	
3:00	
4:00	When does your baby usually sleep?
5:00	
Liquids	Foods
<p data-bbox="233 905 748 936"> <input type="checkbox"/> Cup    <input type="checkbox"/> Bottle    <input type="checkbox"/> Parents on-site </p> <p data-bbox="131 957 656 989"> Milk:    <input type="checkbox"/> Formula                      <input type="checkbox"/> Whole Milk </p> <p data-bbox="233 1010 597 1041"> <input type="checkbox"/> Breast                      <input type="checkbox"/> Other: </p> <p data-bbox="233 1062 321 1094"> <input type="checkbox"/> Skim </p> <p data-bbox="131 1125 691 1157"> Brand: _____ </p> <p data-bbox="131 1178 680 1209"> Type:    <input type="checkbox"/> Powder                      <input type="checkbox"/> Ready to feed </p> <p data-bbox="233 1230 659 1262"> <input type="checkbox"/> Heated    <input type="checkbox"/> Room Temp    <input type="checkbox"/> Cool </p> <p data-bbox="131 1293 691 1325"> Amount/Serving Size: _____ </p> <p data-bbox="131 1346 672 1377"> Juice:    <input type="checkbox"/> Apple    <input type="checkbox"/> Orange    <input type="checkbox"/> Apricot </p> <p data-bbox="233 1398 699 1430"> <input type="checkbox"/> Grape    <input type="checkbox"/> Peach    <input type="checkbox"/> Pineapple </p> <p data-bbox="131 1461 334 1493"> Any other liquids? _____ </p> <p data-bbox="131 1545 607 1577"> Amount: _____ Frequency: _____ </p>	<p data-bbox="813 894 1097 926">What does your child eat?</p> <p data-bbox="976 947 1333 978"> <input type="checkbox"/> Baby Food    <input type="checkbox"/> Table Food </p> <p data-bbox="813 999 984 1031">Types/Amount:</p> <p data-bbox="805 1052 1466 1104">_____</p> <p data-bbox="805 1115 1466 1167">_____</p> <p data-bbox="805 1178 1466 1230">_____</p> <p data-bbox="805 1241 1466 1293">_____</p> <p data-bbox="805 1304 1466 1356">_____</p> <p data-bbox="805 1367 1466 1419">_____</p> <p data-bbox="805 1430 1466 1482">_____</p> <p data-bbox="805 1493 1466 1545">_____</p> <p data-bbox="805 1556 1466 1608">_____</p>