

Infant Information

Child's name	Date				
--------------	------	--	--	--	--

Who is filling this form out?

1. What foods does your child especially like? _____

2. What foods does your child dislike? _____

3. Is your child drinking from an open cup? No Yes _____

4. Does your child use a pacifier? No Yes, when (Pacifiers are allowed for nap only in the toddler room and are not used in the preschool) _____

5. How many naps does your child take? _____ How long? And What times? How does your child fall asleep? _____

6. Does your child have a special toy or blanket for nap? (we cannot put anything in cribs) No Yes Explain _____

7. Is your child potty trained? No Yes Stand or Sit? What words do they use? Diaper for nap time? No Yes _____

8. How does your child express anger or frustration? _____

9. How do you discipline your child? How do you comfort your child? _____

10. Any special family situations? (Custody specifications? Yes No Explain _____

11. What are your child's favorite toys or activities? _____

12. Does your child have any special fears? Yes No Explain _____

13. Anticipated adjustment problems? No Yes Explain _____

14. List any of your child's special needs. _____

15. Previous childcare that your child has attended and any problems? _____

16. Do you have any religious beliefs that would affect your child's care? No Yes Explain _____

17. Expectations of Suzy's Little Peanuts? _____

If your child has a predictable routine please include a copy of it. _____

Other Comments

