Infant Information

CHILD'S NAME ____________________ DATE OF BIRTH ____________________

PARENT/GUARDIAN NAME ____________________

CLASSROOM ____________________ DATE ____________________

FORMER CHILD CARE PROVIDER ____________________

FAMILY INFORMATION

CHILD'S PRIMARY LIVING INFORMATION:

___BOTH PARENTS ___MOTHER ONLY ___FATHER ONLY ___GRANDPARENTS ONLY

OTHER (PLEASE EXPLAIN): ____________________

WHAT IS THE DOMINANT LANGUAGE SPOKEN IN THE HOUSEHOLD? ____________________

ARE THERE ANY ADDITIONAL LANGUAGES SPOKEN TO YOUR CHILD? ____________________

CHILD ETHNICITY (OPTIONAL): ____________________

ARE THERE ANY CULTURAL PRACTICES OR HOLIDAYS YOU WOULD LIKE US TO KNOW ABOUT? ____________________

HOW IS YOUR CHILD COMFORTED AT HOME? ____________________

WHAT MAKES YOUR INFANT ANGRY AND UPSET AND HOW DOES YOUR INFANT EXHIBIT HIS/HER ANGER OR FRUSTRATION? ____________________

____

WHAT ACTIVITIES DO YOU ENJOY DOING TOGETHER? ____________________

WHAT ACTIVITIES DOES YOUR INFANT LIKE TO DO? ____________________

DOES YOUR INFANT HAVE ANY PRONOUNCED FEARS? ____________________

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD REGARDING:

___THUMB SUCKING ___TOILET TRAINING ___LANGUAGE DEVELOPMENT ___ACTIVITY LEVEL

___EATING HABITS ___CLUMSINESS ___SOCIAL SKILLS ___SLEEP PATTERNS

___STUTTERING ___BAD DREAMS ___PASSIVITY ___TEMPER TANTRUMS

___EXCESSIVE CRYING ___DISCIPLINE ___DISOBEDIENCE

___AGGRESSIVENESS ___IMMATURITY ___OTHER: ____________________

Infant Information

ARRIVAL INFORMATION

WHAT WILL HELP YOU AND YOUR CHILD SAY GOODBYE TO EACH OTHER AT DROP-OFF?

____

WHAT TIME WILL YOU USUALLY ARRIVE AT PLAYWORKS?______________________

DIAPERING AND TOILETING INFORMATION

HOW OFTEN DO YOU CHANGE YOUR CHILD'S DIAPER?______________________

ARE THERE ANY SPECIAL INSTRUCTIONS FOR DIAPER CHANGES?______________

____

IS YOUR CHILD BEGINNING TO USE THE TOILET? IF SO, ARE THERE ANY SPECIAL INSTRUCTIONS FOR TOILETING?______________________________

____

SLEEPING INFORMATION

HOW WILL WE KNOW THAT YOUR CHILD IS TIRED AND NEEDS TO SLEEP?

____

WHEN DOES YOUR CHILD USUALLY SLEEP AND FOR HOW LONG?______________

____

WHAT HELPS YOUR CHILD FALL ASLEEP?______________________________

____

DOES YOUR INFANT NEED A PACIFIER OR OTHER SPECIAL COMFORT ITEM TO SLEEP WITH?______________________________

(PLAYWORKS IS A BACK-TO-SLEEP AND BLANKET-FREE ENVIRONMENT)

EATING INFORMATION

DOES YOUR INFANT RECEIVE A BOTTLE OR ARE YOU BREAST-FEEDING AT HOME?

____

IF BREAST-FEEDING, WILL YOU COME TO PLAYWORKS TO BREAST-FEED? Y / N

IF SO, WHAT TIME?______________________________

Infant Information

IF BOTTLE-FEEDING, WHAT TYPE?____________________

HOW DO YOU PREPARE THE BOTTLES?____________________

DOES YOUR BABY DRINK BOTTLES OF WATER DURING THE DAY? Y / N

IF SO, WHEN AND HOW MUCH?____________________

IS YOUR BABY EATING SOLID FOODS? Y / N

(ANY SOLID FOOD MUST BE INTRODUCTED AT LEAST FIVE TIMES AT HOME BEFORE GIVEN AT PLAYWORKS, ALONG WITH A SIGNED PLAYWORKS BABY FOOD FORM)

HOW DO YOU PREPARE YOUR INFANT'S SOLID FOOD?____________________

WHAT FOODS DOES YOUR INFANT DISLIKE?____________________

ARE THERE ANY FOODS THAT YOU HAVE NOT INTRODUCED TO YOUR INFANT YET?

____

ARE THERE ANY FOODS THAT YOU DON'T WANT YOUR INFANT TO EAT?

____

COMMUNICATION

WHAT IS THE BEST WAY TO COMMUNICATE WITH YOU?

____

IF THERE IS A CONCERN OR SITUATION WITH YOUR INFANT, HOW DO YOU WANT US TO COMMUNICATE WITH YOU?

___AT THE END OF THE DAY ___PHONE CALL ___EMAIL ___PRECIOUSTATUS

___FORMAL CONFERENCE ___OTHER (PLEASE LIST): ____________________

HOW DOES YOUR INFANT COMMUNICATE HIS/HER WANTS AND NEEDS?

____

HOW MANY WORDS DOES YOUR CHILD USE TO COMMUNICATE (ESTIMATE)?

____

DO YOU HAVE ANY CONERNS ABOUT YOUR INFANT'S LANGUAGE DEVELOPMENT?

____

Infant Information

DEPARTURE

WHAT TIME WILL YOU USUALLY BE PICKING UP YOUR CHILD? ____________________

DO YOU HAVE ANY INSTRUCTIONS FOR US BEFORE YOUR CHILD IS PICKED UP?

____

OTHER INFORMATION

WHAT ELSE CAN YOU TELL US ABOUT YOUR FAMILY AND YOUR CHILD THAT WOULD AID PLAYWORKS IN MEETING YOUR FAMILY'S NEEDS AND THOSE OF YOUR CHILD?

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