



## INFANT PACKET

THIS INSTITUTION IS AN EQUAL OPPORTUNITY EMPLOYER



# New Dream Family Center

## CHILD CARE ENROLLMENT INFANT AND TODDLER INFORMATION

**To be completed by parent**

**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 needs?

Any previous medical history?

Any allergies?

Any medications?

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### 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 they are upset?

Any information that might be important or helpful to caregivers?

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### FAMILY

**Members of Household**

**Relationship**

**Age of Sibling**

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Any pets?



**NEW DREAM FAMILY CENTER**  
CHILD CARE ENROLLMENT  
INFANT AND TODDLER INFORMATION

**Typical Daily Schedule**

|       |       |
|-------|-------|
| 7:00  | _____ |
| 7:30  | _____ |
| 8:00  | _____ |
| 9:00  | _____ |
| 10:00 | _____ |
| 11:00 | _____ |
| 12:00 | _____ |
| 1:00  | _____ |
| 2:00  | _____ |
| 3:00  | _____ |
| 4:00  | _____ |
| 5:00  | _____ |

**Sleep**

Any special sleeping routines?

Does your baby like to be rocked?

Is your baby always put on their back to sleep?

When does your baby usually sleep?

How long is a typical sleep period?

**Liquids**

|                           |                             |                           |                            |
|---------------------------|-----------------------------|---------------------------|----------------------------|
|                           | Cup                         | Bottle                    | Parents on site            |
| <b>Milk:</b>              |                             | Formula<br>Breast<br>Skim | Whole Milk<br>2%           |
| <b>Brand:</b>             | _____                       |                           |                            |
| <b>Type:</b>              | Powder<br>Heated            | Room Temp                 | Ready to feed<br>Cool      |
| <b>Amount / Serving:</b>  | _____                       |                           |                            |
| <b>Juice:</b>             | Apple<br>Grape<br>Pineapple |                           | Orange<br>Peach<br>Apricot |
| <b>Any other liquids?</b> | _____                       |                           |                            |

**Foods**

**What does your child eat?**

Baby food      Table food

**Types / Amount:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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