

Always Bettering Children Day Care
Getting to Know You
6 weeks - 18 months



Name ***Nickname*** ***Age***
Who lives in the home?
Siblings? (ages)

General Information

Has your child been in a day care setting before? (family/group/center)
When? ***For how long?***
How did your child adjust?

Interaction with other children/adults? (shy, aggressive)

How do you expect your child react on his first day with us?

Does he communicate his needs? How?

Is your child crawling, cruising, walking?

Any physical needs?

Any emotional needs?

Nervousness or fears?

How can we calm your child?

Does your child take a pacifier? ***When?***

Would you describe your child as independent?

What toys or activities interest your child?

Sleeping Habits

Does your child have a fussy time of day?

Naptime routine: when, how long, blanket, pacifier, rocked to sleep?

Approximate time of morning nap: ***afternoon nap:***

Does your infant sleep on his back?

Does your infant sleep on his belly?

If so, parent signature _____

Eating Habits

Does your infant take a bottle?

Is the bottle warmed?

How?

If microwaved, parent signature _____

Please indicate feeding schedule: (approximate time, food type, and amount)

Does your child eat: (how much, when)

infant cereal

baby foods

table foods

2% milk

Instructions for the introduction of solid foods or table foods:

Can your child feed himself?

Any special feeding needs?

Sippy cup, cup w/o lid, bottle?

Picky eater, normal eater, usually hungry? Favorite Foods? Dislikes?

Can your child eat any/all items on the daycare menu?

Toileting/Diapering Habits

Special terminology for private parts, urination or bowel movements?

Normal frequency?

Rashes? (Creams, Vaseline)

Every diaper change?

Teething Habits

Symptoms?

Relief? (Tylenol, teething ring)

Does your child bite when teething? (warning signs, how often, in what situation)

In addition:

Is there any other information you feel may help in caring for your child?

Describe your child in one sentence.

Are there any custody issues we should discuss?

Is anyone denied permission to pickup or see the child? Who?

Drop Off person

Pick Up person

In attendance _____ Date _____