



Infant-Toddler Family Information Form 2021

Child's Name: _____

Preferred Nickname: _____

Child's Date of Birth: _____

Family Members: _____

Has your child been in an early childhood/child care setting before?

Arrival

What time will you usually arrive at the center?

What will help you and your child say good-bye to each other in the morning?

Diapering/Potty-Training

What type of diapers do you use?

How often do you change your child's diaper? When does your child usually need a diaper change?

Are there any special instructions for diaper changes?

Napping

How will we know that your child is tired and needs to sleep?

When does your child usually sleep? For how long does he or she usually sleep?

What helps your child to fall asleep?

Infants: We put babies to sleep on their backs. Is your baby used to sleeping on his or her back?

How does your child wake up? Does he or she wake up quickly or slowly?

Infants: Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

Meals

Are you breast-feeding or bottle-feeding your child? If yes, at what time?

Will you send expressed breast milk?

If your child takes a bottle, what kind of formula/milk do you use?

How do you prepare the bottles?

How much in a bottle do you prepare at one time?

How much does your child drink at one time?

Does your child drink bottles of water during the day? If so, when and how much?

Is your child eating solid foods? If so, which ones, and when?

How do you prepare your child solid foods?

What kinds of foods does your child usually enjoy? Dislike?

How much does your child eat at one time?

How is your child used to being fed/eating (in what position)?

Does your child eat any finger foods? If so, which ones? Is your child using utensils?

Is your child sensitive or allergic to any foods? If so, please list them.

Are there any foods that you don't want your child to eat?

Dressing

Is there anything special that we should know about dressing and undressing your child?

Comfort and Play

Infants: How does your baby like to be held?

Infants: What position does your baby prefer when awake?

What does your child like to do when awake/playing?

How do you play with your child?

What is/are your child's favorite toy(s)?

What interests does your child have/what brings your child joy?

Are there any activities the staff can make sure are available to create a comfortable classroom and school environment for your child?

Any activities that your child dislikes?

How do you soothe your child when they are angry, sad, scared, or otherwise unhappy?

Your Family

What name(s) does your child know you by? (Mommy, Mama, Daddy, Papa, first name, etc.)?

In what language do you speak and sing with your child at home?

What language does your child use when talking and singing with family members?

What holidays does your family celebrate?

Is there anything you would like us to know about your family's nationality and/or culture?

Pick-Up

What time will you usually come to pick up your child?

What will help you and your child say hello to each other at the end of the day?
