

## Child Care Enrollment Infant and Toddler Information

To Be Completed by Parent

Per Rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

| Name of Child Care Center: Giggles & Grace                        | Early        | Date Enrolled        |  |
|---|--------------|----------------------|--|
| Learning Center Child's Name                                      |              | Age at Entry to Care |  |
| Child's Nickname  |              | Date of Birth        |  |
| Cinia s Mexicane  | Health       | Dute of Birth        |  |
| Any special/medical needs?  | 11001011     |                      |  |
| J - P /   |              |                      |  |
|   |              |                      |  |
| Any previous medical history?                                     |              |                      |  |
|   |              |                      |  |
| Any allergies?  |              |                      |  |
|   |              |                      |  |
| Any medications?  |              |                      |  |
| They incured to list.   |              |                      |  |
|   |              |                      |  |
| Individual Needs  |              |                      |  |
| Does your child say any words? What do the                        | y mean?      |                      |  |
|   |              |                      |  |
| What languages are spoken in the home?                            |              |                      |  |
|   |              |                      |  |
| What are child's favorite games, toys and things to do?           |              |                      |  |
| What are clina 3 lavortee games, toys and thin                    | 1g3 to uo.   |                      |  |
|   |              |                      |  |
| How do you comfort your child when he or sh                       | ie is upset? |                      |  |
|   |              |                      |  |
| Any information that might be important or helpful to caregivers? |              |                      |  |
|   |              |                      |  |
|   | Family       |                      |  |
| Members of Household  | Relationship | Age if sibling       |  |
|   | 1            |                      |  |
|   |              |                      |  |
|   |              |                      |  |
|   |              | <del></del>          |  |
|   |              |                      |  |
|   |              |                      |  |
|   | -            |                      |  |
| Any Pets? $\square$ Yes $\square$ No If yes, name of pet:         |              |                      |  |
| •   | (OVER)       |                      |  |

| Typical Daily Schedule  | Sleep   |  |
|---|---|--|
| 7:00  | Any special sleeping routines?                      |  |
| 7:30  |   |  |
| 8:00  | Does your baby like to be rocked?                   |  |
| 9:00  |   |  |
| 10:00   | Is your baby always nut on his /hon back to alcon   |  |
| 11:00   | Is your baby always put on his/her back to sleep    |  |
| 12:00   |   |  |
| 1:00<br>2:00  | When does your baby usually sleep?                  |  |
| 3:00<br>4:00  | How long is a typical sleep period?                 |  |
| 5:00  |   |  |
| 6:00  |   |  |
| Liquids   | Foods   |  |
| $\square$ Cup $\square$ Bottle $\square$ Parents on-site      | What does your child eat?  ☐ Baby Food ☐ Table Food |  |
| Milk: □ Formula □ Whole Milk □ Breast □ 2% □ Skim             | Types/Amount:                                       |  |
| Brand:  |   |  |
| Type: □ Powder □ Ready to feed                                |   |  |
| $\square$ Heated $\square$ Room Temp $\square$ Cool           |   |  |
| Amount/Serving:   |   |  |
| Juice: ☐ Apple ☐ Orange ☐ Grape ☐ Peach ☐ Pineapple ☐ Apricot |   |  |
| Any Other Liquids?  |   |  |