

Child Profile (Infant & Toddler)

Child's Name: _____

The information requested on this form will be used by your child's teachers as a tool to gain a better understanding of your child and how we can better meet their needs. It, along with other information about your child, will be placed in your child's file. You are not required to answer any question that you feel invades your child or family's privacy.

Typical Daily Drop-off Time: _____ Typical Daily Pick-up Time: _____

Feeding Information

- Breast Milk
- Formula
type: _____
- Milk
type: _____

- Baby usually drinks a bottle every _____.
- Baby usually drinks _____ oz. at a time.
- Baby likes to burp after _____ oz.

My child is currently eating solid foods:

- Cereal
- Prepared baby food (jar)
- Table Food
- No solids yet

Please write any additional comments about your baby's normal feeding schedule

Additional Information

Please circle one: My child has / does not have permission to sleep in the bouncers and swings.

Is your baby prone to diaper rash? _____ Does your baby use a pacifier? _____

What is your child's current nap schedule? _____

What tips do you have for helping us put your child down for a nap? _____

Fears or anxieties, and steps our team can take to calm them: _____

Ethnic practices and/or holidays your family observes: _____

Previous childcare arrangements your child has experienced in the past: _____

Please tell us about current goals you are working on with your child so we may provide support and/or enrichment activities:

Is there any further information you can add to assist us in providing the best possible care for your baby?