

Bright Haven Christian Learning Center 2015 – 2016 Infant Enrollment Questionnaire

Child's Name: _____ Birthday: _____

Mother's Name: _____ Birthday: _____

Father's Name: _____ Birthday: _____

If married, parents' anniversary: _____ Child's Nickname: _____

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Previous Childcare History:

Has your child been in childcare before? _____

If so, please give name of last childcare provider/center:

Name _____ Dates attended from _____ to _____

Why was care terminated? _____ May I contact them for a reference? Y N

Food

Is your child breast-fed? Yes No *If yes:* Do you plan to continue breast feeding? Yes No

If yes, how do you plan to carry this out? _____

What is your child's feeding schedule? _____

Do you supplement? _____

Is your child bottle-fed? Yes No *If yes:* What is your child's bottle feeding schedule?

Liquids	Type	Amount	Times
Formula			
Milk			
Water			

What position does your child like to be in while bottle feeding? _____

What position does your child like to be in while being burped? _____

Has your child been introduced to solids? Yes No *If yes, what type?* baby food table food

What is your child's feeding schedule?

Solids	Type	Consistency	Amount	Times
Cereal				
Vegetable				
Fruit				
Meat				
Snack				

Does your child have any food sensitivities? Yes No

If yes, please identify: _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Does your child usually cry when going to sleep? Yes No

If yes, for how long? _____

Where does your child normally sleep? _____

Diapering

What type of diapers does your child use? _____

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.)

Is your child prone to diaper rash? Yes No Treatment: _____

Social/Emotional Development

Describe your child's temperament: (i.e. colic, likes to cuddle) _____

What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes) _____

Does your child separate easily from you? _____

Is your child afraid of anything? _____

Does your child have a favorite toy, blanket or soother? _____

Does your child spend time with other children? Yes No

Please comment: (who, when, how much) _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Photography Release

I, _____ parent/legal guardian of _____ give permission for photography of my child for publicity purposes (i.e. website, Facebook page, marketing brochures. No names will be used).

Date: / /
 D M Y

Parent/Guardian signature