Bright Beginnings Childcare and Learning Centers

Intake for Child Under 2 Years – Child Care Centers

Instructions: This form is to be completed by a parent and must be on file at the center prior to a child's first day of attendance. Regular updates can be noted. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

First Day of Attendance (mm/dd/yyyy)

Parent / Child Name and Address

Name – Child (First, MI, Last) | Nickname (if any) | Birth Date:

Name – Parent(s) (First, MI, Last) | Phone Number / Cell:

Name – Parent(s) (First, MI, Last) | Phone Number / Cell:

Address – Parent(s) (Street, City, State, Zip Code)

Health Note: Health conditions that may affect the care of the child must be recorded on the department's form, Health History and Emergency Care Plan. The form should be shared with any person who provides care for the child.

☐ Child has frequent colds, ear infections, colic, etc.

Updates

Meals

Current feeding schedule | Length of time on current schedule

Food type

☐ Formula ☐ Strained ☐ Junior ☐ Table ☐ Milk type- specify:

New food timetable | Would you like a Monthly Menu ☐ Yes ☐ No

When eating, child is –

☐ Held in Lap ☐ In Highchair ☐ Other - Specify :

Feeds Self

☐ Yes ☐ No If "yes", uses ☐ spoon ☐ Fork ☐ Hands

Special Feeding Problems

☐ Yes ☐ No If "yes" – Specify:

Food Allergies

☐ Yes ☐ No If "yes" – Specify:

Favorite Foods – Specify:

Refused Foods: - Specify:

Updates

Sleep

Current Sleep Schedule

Length of time on current schedule:

Falls asleep easily:

☐ Yes ☐ No

Mood upon wakening – Describe

Takes favorite toy(s) to bed – **CHILD OVER AGE 1**

☐ Yes ☐ No If "yes" – list toy(s)

Sleep Position - CHILD UNDER 1 YEAR

NOTE: children under age 1 must be placed to sleep on their back unless **written statement from child's physician** is attached/on form.

□ Back for children under 1 year □ Side or Stomach (Provide physician's statement)

□ In Care Seat placed in the crib (Provide physician statement)

□ In swing (Provide physician statement)

Signed Physician's statements:

Sleep Position - CHILD OVER AGE 1

□ Back □ Side or Stomach

Updates

Diapering / Toileting

Plastic pants used

□ Always □ Never □ Sometimes If "sometimes" – Specify

Highly Sensitive Skin

□ Yes □ No

Frequent Diaper Rash

□ Yes □ No

Lotions, powders, or salves used

□ Yes □ No If "yes"; product name(s) – Specify:

Toilet Training Attempted

□ Yes □ No If "yes", describe routine.

Type of toilet seat used at home

□ Potty Chair □ Special toilet seat □ Regular toilet seat

Regular Bowel Movements

□ Yes □ No How often? Time(s) of day:

Toileting Problems

□ Yes □ No If "yes" – Describe

Updates

Verbal Communication

Family speaks what language – Specify

□ English □ Other If "other" – Specify:

Age child began talking:

Child speaks

□ Words □ Sentences

Words to describe special needs – Specify

Updates

Comforting

Does Child have a fussy time?

□ Yes □ No If "yes" – Specify time.

How is fussy time handled?

Child likes to be:

□ Held □ Sung to □ Rocked □ Read to □ Other – Specify

Special things you say or do to comfort child.

Updates

Self-Expression

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

How does your child express feelings of happiness, enjoyment, etc.?

Additional Comments

Updates

Physical and Social Development

Is your child able to 0 (check all that apply)

□ Sit up alone □ Pull up □ Crawl □ Walking holding on □ Walk without support

□ Yes □ No Is your child used to playmates?

Comments

Updates

Miscellaneous
Child's **Indoor** favorite toys and activities – Specify
Child's Outdoor favorite toys and activities – Specify
By providing complete and thorough information about your child, you will be assisting staff in creating a positive experience for him / her while in our care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.
Updates

Original:

_____ _____

Signature – Parent or Guardian Date Signed

Update:

_____ _____

Signature – Parent or Guardian Date Signed

Update:

_____ _____

Signature – Parent or Guardian Date Signed