

Infant/Toddler Questionnaire

Please fill this out and return it along with the completed first month's feeding schedule when you come to your choice of parent orientation.

Child's Name _____

Date of Birth _____

Eating:

Is the infant primarily breastfed bottle-fed (circle one)

*If the infant is breastfed please make sure he/she will take a bottle before coming to school. However you are always welcome to breastfeed in the classroom at any time.

If the infant is bottle-fed, how much do they take and at what times?

Is the infant on solid foods, if so, how much and what time?

Is there anything special about your child's eating habits that you would like us to know?

Once the child is eating table food we may put cheerios or other snacks out for them, is this ok for your child? Is there any food your child is allergic to or that you would prefer your child not eat?

- o If you are just beginning solid foods please try them at home before sending to school in case of unknown allergy.

Sleeping

How do you put your child to sleep? (Rocking, holding, just lay down in the crib, etc.)

What is your child's attitude at bedtime? (easy going, fights sleep, etc.)

Approximate bedtime in the evening? _____

Approximate time child wakes in the morning? _____

What position does your child typically sleep in? (back, tummy, sides)

- Please understand that by state regulations minimum standards we are required to lay children on their backs to sleep to reduce the risk of SIDS. If at all possible this needs to be practiced at home in preparation for school.

Is there anything about your child's sleeping habits you would like us to know?

Diapering

Is there anything you would like us to know?

- We change the children's diapers every two hours and when necessary. You will get a strip of paper stapled to the strap of your bag when we run low on supplies and need something replaced.

Other information

What do you enjoy most about your infant?

How does your infant react to a new situation?

What are some ways you use to calm your infant when upset or crying?

Monthly Feeding Schedule

Child name _____

Parent's name _____

Please write your child's feeding schedule as it falls from 7:30 a.m. to 6:00 p.m.

Aug _____

Sept _____

Oct _____

Nov _____

Dec _____

Jan _____

Feb _____

Mar _____

Apr _____

May _____

June _____

July _____

Parent Signature _____

Every day we try to get the kids outside either on the playground or on a buggy ride around the block for about 20 minutes (weather permitting). However the buggy ride is considered a class field trip so we need permission to do so.

I WILL / WILL NOT allow my child to go on a buggy ride.

Childs name _____

Parent signature _____