

Intake Form for Infants and Toddlers

A. Personal Data on the Child

Date enrolled in centre: _____ Health Card number: _____

1. Child's Name: _____

2. Child's age: _____ Birth Date: _____

3. Physician's name: _____ Phone Number: _____

Address: _____

4. Was he/she full term? Yes _____ No _____

If not, how premature? _____

5. Has your child had a serious illness or hospitalization? Yes _____ No _____

If yes, please give details that may affect our care of your child: _____

6. Does your child receive medication on a daily basis? Yes _____ No _____

If yes, please give details: _____

7. Does your child have asthma? Yes _____ No _____

If yes, please describe treatment: _____

8. Does your child have any other allergies or sensitivities that we should be aware of?

9. Does your child wear eyeglasses? Yes _____ No _____

10. If your child was adopted and you wish to share this information with us, do you have any specific instructions for the centre? _____

11. Does your child have any brother or sisters? Yes_____ No_____

If yes, please complete the following:

Name:_____ Age:_____ Sex:_____

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Name:_____ Age:_____ Sex:_____

12. Do these siblings live with you and your child? Yes_____ No_____

13. Are there other family members or friends who also live with the child?

Yes_____ No_____ If yes, please identify:_____

14. What languages are spoken at home?_____

15. Does your child have any pets? Yes_____ No_____

If yes, what type of pet and what is its name?_____

B. Data on Household Members

1. Name:_____

2. Relationship to the child:_____

3. Address:_____

4. Telephone numbers:

Residence:_____ Work:_____

Cell Phone:_____ Email address:_____

5. Occupation:_____

6. Place or employment/school:_____

7. Visiting rights of parents, if separated or divorced: _____

PLEASE NOTE: In situations where parents are separated or divorced, the daycare does not have the authority to deny a parent access to his or her children without a court order. If a custody agreement is in place, the centre should have a copy on file.

C. Toileting

1. Does your child have regular bowel movements? Yes _____ No _____

Colour: _____ Consistency: _____

2. Is your child prone to diaper rash? Yes _____ No _____

If yes, do you use a special ointment? _____

3. What type of diaper do you use at home? Disposable _____ Cloth _____ Combination _____

4. Do you use plastic pants? Yes _____ No _____

5. On average, how many times a day would you change your child's diapers? _____

6. Does your child signal or use particular words when having a bowel movement or urinating?

Yes _____ No _____ Please describe: _____

7. Has your child learned to use the toilet? Yes _____ No _____

8. Is your child comfortable using adult-size toilets? Yes _____ No _____

9. Does your child require assistance in the bathroom routine? Yes _____ No _____

10. Is your child generally dry through the night? Yes _____ No _____

11. Does your child nap with a diaper? Yes _____ No _____

D. Sleeping

1. Does your child experience any sleeping problems? Yes _____ No _____

If yes, please give details: _____

2. How long does your child typically sleep at night? _____

3. What are your child's sleeping patterns for the day? _____

a.m.: _____ p.m.: _____

4. Does your child have a special bedtime routine? Yes _____ No _____

If yes, please describe: _____

5. Does your child sleep with a particular item? Yes _____ No _____

If yes, please identify (toy, pacifier, bottle, special blanket, etc.)

6. What kinds of signals does your child give when sleepy?

7. How long would your child usually nap during the day? _____

8. Does your child have a preferred sleeping position, please describe:

9. If you have any special way of helping your child get to sleep, please describe:

10. Does your child usually sleep in a room by him/herself? Yes _____ No _____

11. Is your child bothered by noise when sleeping? Yes _____ No _____

12. Does your child usually cry when he/she wakes up? Yes_____ No_____
13. Does your child experience nightmares? Yes_____ No_____
14. Does your child have any fears that we should be aware of? Yes_____ No_____

If yes please give details: _____

E. Feeding

1. Do you have any concerns about your child's eating habits? Yes_____ No_____

If yes, please describe: _____

2. Is your child Breast-fed? Yes_____ No_____

If yes, is there any way we can support you at the centre so that you can continue to breast-feed? _____

3. What type of food does your child eat?

a) Formula _____ Amount: _____ Frequency: _____

b) Cereal _____ Amount: _____ Frequency: _____

c) Strained foods _____ Amount: _____ Frequency: _____

4. Check all that apply:

Your child needs to be fed _____ Eats Slowly _____ Eats quickly _____

Feeds self with assistance _____ Feeds self independently _____

Drinks from a cup with a lid _____ without a lid _____

5. If your child drinks from a bottle, please describe his/her preferred drinking position:

6. Does your child have any allergies or sensitivities to particular foods? Yes_____ No_____

If yes, please describe: _____

7. Are there any food restrictions that we should be aware of? Yes _____ No _____
If yes, please describe: _____
8. Is your child on a special diet? Yes _____ No _____
If yes, please give details: _____
9. List your child's favourite foods:
a) _____ b) _____
c) _____ d) _____
10. List any foods your child especially dislikes:
a) _____ b) _____
c) _____ d) _____
11. What would you consider a normal portion for your child? _____

F. Other Information

1. What is your child's usual reaction to being bathed or changed by someone other than yourself?

2. We would like to know how your child reacts to different situations and people in order to facilitate his/her comfort level:
a) What does he/she do when you leave him/her alone to go to another room?

- b) What does he/she do when you leave him/her at home:
with relatives: _____
with siblings: _____
with a baby sitter: _____

3. Are there other adults who also take care of your child? Yes_____ No_____
4. Has your child ever been in a group-care setting before? Yes_____ No_____
5. How does your child generally relate to other children? _____
6. How does your child react to situations that make him/her angry or frustrated?

7. Describe any strategies for guiding your child's behavior that you think would be helpful for staff to know: _____

8. What strategies do you use to comfort your child when he/she is distressed?

9. What does your child enjoy doing during the day? What are his/her interests?

10. Please describe your child's language skills:

11. Please describe any dressing habits that staff should be aware of:

12. Please provide any other information about your child that you think the teachers should be aware of:

13. What celebrations are important to your family? _____

14. Please describe any traditions, customs, foods, or symbols associated with this celebration that you would like staff to be aware of: _____

15. Please describe any family values of particular importance to you that you would like the teachers to know about: _____
