# St. Paul's Early Childcare Center

# Infant and Toddler In-Take Form

## Health History and Emergency Care

Child Information

Name:___________________________ Grade:______ Date of Birth:___________

1 Mom:____________________________ Dad ______________________________

Phone Number in case of Emergency:
________________________________________________________

**Physician/Medical Facility Infrmation**

Physician's Name: _______________________________ Phone:__________________Facility Name:____________________________________________________________________

**Health History and Emergency Care Plan**
If available, attach any health care plan information from your child's physician, therapist, etc.

- ○ No specific medical condition
- ○ Epilepsy/seizure disorder
- ○ Gastrointestinal or feeding concerns including special diet and supplements
- ○ Diabetes
- ○ Asthma
- ○ Milk Allergy-If so, please attach a statement from child's physician indicating the acceptable alternative
- ○ Food allergies-Please Specify_____________________________________________________
- ○ Non-food Allergies-Please Specify_____________________________________________________
- ○ LD, ADD, ADHD, Autism, or other Cognitive Disability
- ○ Other Condition(s)-Please Specify ______________________________

Parent/Guardian Signature_______________________________ Date: __________________

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## Family, Personality and Eating

My child has______brothers an _____sisters.      We have ______pets.

| Name | Ages | Name | Type |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

What language is spoken at home? ________________________________

Does your child talk? **YES** **NO** Speaks in: **Words** **Sentences**

Are there any "family rules or traditions" SPECC should be aware of?

Has your child been in daycare before? **YES** **NO**

If yes, was it a childcare center or in-home childcare? ___________________________

How would you describe your child's personality (shy, cheerful, reserved, outgoing, etc.)?

Is there anything in particular that your child really enjoys or really dislikes?

How does your child react to other children?

How do you comfort your child?

Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? Please describe.

What are you accustomed methods for reassuring and rewarding/praising your child?

What are your accustomed method for disciplining your child?

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## EATING Habits

### Birth to Age One

Baby Drinks: Breast Milk Formula-Specify Type: ___________________

Mix of Both Other

Is the bottle served ROOM TEMP., WARMED or COLD?
If warmed, how? Container filled with hot water Other ________________

How many ounces per feeding? ___________ Drinks every _____ to ______ hours

Does your baby eat sold foods? **YES** **NO**
Please circle: Stage 1 Stage 2 Stage 3 Finger Food
Is it Store Bought Homemade

Approximate Mealtimes:
Breakfast ____________ Lunch ___________ Snacks: ____________

Signals of Hunger: Sucks Hard Smacks Lips Other:

Burps: A LOT A LITTLE N/A

Spits Up: A LOT A LITTLE N/A

Is your child n an acid reflux medication? **YES** **NO**
If yes, will s/he receive medication at the center? **YES** **NO**

Special Feeding Instructions:

### Older Than One

Does your child self-feed? **YES** **NO**
If yes, how: **SPOON** **Fork** **HANDS**
Does your child have any special feeding issue (overly slow/fast, picky eater, nibbler, etc)?

Food Allergies: **NO** **YES**____________________________________
What are your child's favorite foods? ______________________________________
What food does your child dislike? _______________________________________

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## Sleep Habits/Diapering Needs

Infant sleeps on: **Back** **Side** **Stomach**

Note: Children under the age of one must be placed to sleep on their backs unless a written statement from your position is provided.

Approximate Time and Length of Naps ________________________________
________________________________
________________________________

What is your usual naptime routine?

Does your child use: **NUK** **BLANKIE** **DO/STUFFED ANIMALS** **WHITE NOISE** **OTHER**______________________

Does your child need to be: **Propped Up** **Swaddled** **Other** ______________________

Is your child permitted to nap in a: **SWING** **ROCK'n PLAY** **BOUNCER**

Does your child have trouble falling asleep? **YES** **NO**

If yes, do you allow your child to "cry it out?" **YES** **NO**

How else might you try to soothe your child to sleep? _____________________

Can your child tolerate everyday household noises? **YES** **NO** **NEEDS QUIET!!**

Do you wake your child to eat if s/he is still sleeping? **YES** **NO**

Child's disposition upon waking: **HAPPY** **GROUCHY** **CLINGY** **GROGGY** **OTHER** ______________________

If your child is ready for a nap shortly before his/her scheduled pick up time would you like him/her placed in a car seat to fall asleep? **YES** **NO**

**DIAPERING**

*****Please Note: Children are not permitted to wear cloth diapers at St. Paul's ECC*****

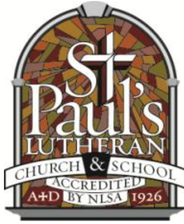
Frequent diaper rash: **YES** **NO**

Highly sensitive skin: **YES** **NO**

Do you apply cream or powder at every diaper change? **YES** **NO**

Specify Type: ____________________________

Any toileting concerns(constipation, frequency, etc.)?

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## Physical Abilities

| Is your child able to: | Sit Up unassisted | YES | NO |
|---|---|---|---|
| | Roll Over | YES | NO |
| | Crawl | YES | NO |
| | Pull Up | YES | NO |
| | Stand unassisted | YES | NO |
| | Walk with support | YES | NO |
| | Climb Stairs | YES | NO |
| | Hold his/her bottle | YES | NO |
| | Drink from a sippy cup | YES | NO |
| | Feed self with hands | YES | NO |
| | Feed self with utensils | YES | NO |

Do you have any concerns about your child's vision? **YES** **NO**

Do you have any concerns about your child's hearing? **YES** **NO**

Do you have any concerns about your child's development? **YES** **NO**

**Language** **Fine Motor** **Gross Motor** **Social**

Are your concerns being monitored by your child's physician? **YES** **NO**

Please Explain:

Any other information you feel would be helpful for us to know regarding your child and or family?