



# Getting to Know Your Child and Family

## Infant and Toddler

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

### General information:

- Child Lives with:
- Does your family have any pets?
- Has your child ever been to childcare before?
- What is the best way to contact you? Phone Text Brightwheel Other
- What will help make you and your child most comfortable during the transition at drop off and pick up?

### Sleeping:

- How does your child indicate sleepiness?
- What helps your child fall asleep?
- When your child wakes, how do you support their transition from sleeping to waking?

**Being awake and playing:**

- Where does your child prefer to play?
- What kinds of things is your child most interested in exploring at this time?
- What type of play activities do you and your child enjoy together?

**Feeding and eating:**

- If your child is on formula/breast milk, how do you prepare it?
- What temperature does your child prefer formula/breast milk?
- What type of formula does your child drink?
- What type of bottle/sippy cup does your child use?
- What foods have you introduced to your infant?
- If your child is eating solid foods, how do you prepare them?
- How does your child eat solid foods? (Fed from a spoon? With fingers? Adult fed? Child fed? Fast eater? Slow eater?)
- Where does your child prefer to sit while eating?
- What are some of your child's favorite foods? Dislikes? Food allergies?

**Bodily care:**

- Is your child allergic to any type of diapers or wipes?
- Is your child prone to diaper rash?
- What type of clothing is your child most comfortable in?

**Daily routine at home:**

- On a typical day at home, what is your child's routine? For example, when does your child typically wake up, eat, nap, play, and have a snack? Knowing this will help us anticipate your child's schedule at the center.

CPID# \_\_\_\_\_

**Staff: Please sign that you have reviewed. Form is kept in child's file.**

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