Toddler Town Learning Academy

Infant Enrollment Intake Plan

Child's Name: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Feeding:

Foods and Feeding Schedule:				
Liquids (formula, breastmilk, 100% fruit juice in a cup)	☐N/A ☐Introducing ☐Familiar	☐Breast Feeding ☐by bottle ☐by breast ☐Bottle Feeding ☐by caregiver ☐with help ☐independently ☐Cup Feeding ☐with help ☐independently		Amounts:
Semisolid Foods (infant cereal, strained fruits and/or vegetables)	☐N/A ☐Introducing ☐Familiar	☐Spoon Feeding ☐by caregiver ☐with help ☐independently	Kinds of Food:	Amounts:
Modified Table Foods (mashed, soft, diced fruit and /or vegetables, strained meat or poultry, pieces of soft bread)	☐N/A ☐Introducing ☐Familiar	☐Spoon Feeding ☐by caregiver ☐with help ☐independently	Kinds of Food:	Amounts:
Finger Foods (small pieces of soft/cooked table food, chopped food)	☐N/A ☐Introducing ☐Familiar	☐Spoon Feeding ☐by caregiver ☐with help ☐independently	Kinds of Food:	Amounts:

If formula feeding, please list what type of formula: _____

Does your child drink their bottle: ____cold ___room temperature ___warm

List the approximate times that your child eats and what the child normally eats at each designated time.

Time	Breast milk, formula, milk, and other foods

List any special considerations (i.e., food allergies, etc.): _____

_____

Sleeping:

How many times per day does your child nap? _____ How long? _____

Does your child sleep with a pacifier? _____ A sleepsack? _____

Where does your child sleep at home? _____

Are there specific routines before napping? _____

_____

More about your child and family:

Is there anything about your child's birth that you would like to share? _____

_____

What is your child's primary language at home? _____

Are there other languages spoken at home? _____

What kind of activities does your child enjoy? _____

Are there activities your child avoids? _____

Does your child have any siblings? _____

Does your child have any pets? _____

Is there anyone else that lives in your house? _____

What soothes your child? _____

What frightens your child? _____

Do you have any suggestions that will help ease your child's transition into our school? _____

_____

Is there anything regarding your family, extended family, or child that you would like to share with us? _____

_____

_____

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date