



Infant Registration Form

Child's name _____ Date of birth _____

Help us to better know your child and your needs:

Please describe your child's personality: _____

What are your child's favorite activities, books, toys, etc.?

Please describe a typical day for your child: _____

Is your child: nursing _____ bottle fed _____?

If nursing:

How long does your child usually nurse? _____

Do you plan to nurse at Cornerstone? _____

If bottle fed:

What brand of formula do you use? _____

How many ounces does your child usually consume in a sitting? _____

What word do you use to say bottle? _____

Nursing or bottle fed:

How long between feedings? _____

Other than time, are there any clues your child gives to indicate that s/he is hungry?

What feeding techniques, if any, have you found to be helpful? _____

Does your child have any difficulty feeding? _____

What food have you introduced? _____

Do you use any special words for specific food? _____

Please list any known allergies/food restrictions: _____

How would you describe your child's eating habits? _____

Do you have any concerns about your child's eating habits? _____

Does your child drink from a sippy cup? _____

Does your child feed him/herself? _____

Does your child use a pacifier at home? _____ When? _____

What word do you use to say pacifier? _____

Does your child have any attachments to items (ex. a blanket or small stuffed animal) that s/he needs to fall asleep? _____

Do you use any special words to identify these items? _____

How long does your child nap? _____ When? _____

What routines do you use at nap/bedtime? _____

Siblings:

Name _____ Age _____

Living in child's home? _____

Name _____ Age _____

Living in child's home? _____

Others living in child's home:

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Persons special to your child:

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

Pets:

Name _____ Describe: _____

Name _____ Describe: _____

What languages are spoken at home? _____

How does your child react to illness? _____

Does your child experience any chronic illnesses? _____

Is your child on long/short term medications? _____

What size diaper does your child wear? _____ Is your child prone to rashes? _____

Do you use ointments or powders? _____ If yes, what do you use? _____

Do you have any concerns regarding your child's emotional or physical development?

Are there any changes in your child's life of which we should be aware? _____

How does your child react to separating from you? _____

How can we support you at drop off? _____

Please describe any previous childcare situations. _____

Is there anything else we should know to better meet your needs? _____

What do you expect from Cornerstone Children's Center? _____

Signature

Date