

DAY CARE INTAKE FOR CHILD UNDER 2 YEARS

Use of form: This form collects information about children under two in order to aid child care workers in individualizing the program of care for the child in a family or group day care center. Personally identifiable information on this form is collected to assist in providing quality child care services and will be used only for this purpose. This form meets the requirements of HFS 46.09(1)(a) and HFS 45.07(2)(a).

Instructions: This form is to be completed by a parent prior to a child's first day of attendance. Regular updates can be noted. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

PARENT / CHILD NAME AND ADDRESS		
Name - Child (Last, First, MI)	Nickname (if any)	Birthdate (mm / dd / yyyy)
Name - Parent(s) (Last, First, MI)		Telephone Number - Home
Address - Parent(s) (Street, City, State, Zip Code)		

HEALTH
Check all that apply.
<input type="checkbox"/> Child has / had allergies or a special physical condition - Describe.
<input type="checkbox"/> Child had a serious illness, convulsion, operation, or accident - Describe. Include occurrence date.
<input type="checkbox"/> Child has frequent colds, ear infections, colic, etc. - Describe.

UPDATES

MEALS	
Current feeding schedule	Length of time on current schedule
Food type <input type="checkbox"/> Formula <input type="checkbox"/> Strained <input type="checkbox"/> Junior <input type="checkbox"/> Table <input type="checkbox"/> Milk type - Specify.	
New food timetable	When eating, child is - <input type="checkbox"/> Held in lap <input type="checkbox"/> In highchair <input type="checkbox"/> Other - Specify.
Feeds self <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", uses - <input type="checkbox"/> Spoon <input type="checkbox"/> Fork <input type="checkbox"/> Hands	
Special feeding problems <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" - Specify.	
Food allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" - Specify.	
Favorite foods - Specify:	
Refused foods - Specify:	

UPDATES

SLEEP	
Current sleep schedule	Length of time on current schedule
Falls asleep easily <input type="checkbox"/> Yes <input type="checkbox"/> No	Mood upon awakening - Describe.

School District Of Oakfield
Child Care Center
200 White St.
P.O. Box 69
Oakfield, WI 53065
920-583-2648

Takes favorite toy(s) to bed

Yes No If "Yes" - list toy(s).

Sleep position

Back Side or stomach

Side or stomach sleep position is not recommended. If "Side or Stomach" box is checked, parent must initial and date to indicate having received information on sleeping positions and SIDS.

Parent - Initial:

Date initialed:

UPDATES

DIAPERING / TOILETING

Diaper - type

Cloth Disposable

Diapers provided by parent

Yes No

Plastic pants used

Always Never Sometimes If "Sometimes" - Specify.

Highly sensitive skin

Yes No

Frequent diaper rash

Yes No

Oil, powder or lotion used

Yes No If "Yes", product name(s) - Specify.

Toilet training attempted

Yes No If "Yes", describe routine.

Type of toilet seat used at home

Potty chair Special toilet seat Regular toilet seat

Regular bowel movements

Yes No How often.

Time(s) of day.

Toileting problems

Yes No If "Yes" - Describe.

UPDATES

VERBAL COMMUNICATION

Family speaks what language - Specify.

English Other If "Other" - Specify.

Age child began talking.

Child speaks in:

Words Sentences

Words used to describe special needs - Specify.

UPDATES

COMFORTING

Does child have a fussy time?

Yes No If "Yes" - Specify time.

How is fussy time handled?

Child likes to be:

Held Sung to Rocked Read to Other - Specify.

Special things you say or do to comfort child.

UPDATES

SELF-EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

How does your child express feelings of happiness, enjoyment, etc.?

Additional comments

UPDATES

PHYSICAL AND SOCIAL DEVELOPMENT

Is your child able to - Check all that apply.

Sit up alone Pull up Crawl Walk holding on Walk without support

Is your child used to playmates? Yes No

Comments

MISCELLANEOUS

Child's indoor / outdoor favorite toys and activities - Specify.

Indoors

Outdoors

UPDATES

By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in day care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

SIGNATURE - Parent

Date Signed