

Kids



Education & Recreation

Getting to Know Your Infant

Dear Families,

To help assure a happy transition to Kids Education & Recreation please share some information about your child.

Childs preferred name _____ Parents names _____

Has your child ever attended any childcare program or care outside of the home? Y/N

If yes, please tell us about their experience. _____

Please describe your child's personality. _____

Any special habits, activities, or behaviors that may help us get to know your child better? _____

What types of things make your child happy and sad? _____

How do you comfort your child when they are upset? _____

Ohio Department of Job and Family Services
BASIC INFANT INFORMATION FOR CHILD CARE

<p>This information should be completed by the parents prior to the child's first day. This information should be updated periodically as the infant's needs change.</p>					
Child's Name			Nickname		
Child's Date of Birth			Siblings		
<p>What are you feeding your infant? <i>(Check all that apply)</i></p> <p> <input type="checkbox"/> Formula (include brand) <input type="checkbox"/> Breast milk </p>					
Formula preparation <i>(if center/provider is to prepare.)</i>					
Amount for each feeding			Frequency of feedings		
<p>My infant likes a bottle warmed: <i>(Check one)</i></p> <p> <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT </p>					
Juice <i>(type, amount, when?)</i>					
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes					
<p>Solid foods <i>(baby food, brand, types, amounts, frequency)</i></p> <p><i>*you must have written permission from your child's physician if your child is under 4 months and given solid foods.</i></p>					
Are foods served room temperature or warmed?					
Table food <i>(types, amounts, frequency, special instructions)</i>					
Security items <i>(pacifier, blankets, etc.)</i>					
Nap schedule					
Hints for getting baby to sleep					
<p>Sleeping Position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy*</p> <p><i>*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the center/provider for a JFS 01235.</i></p>					
Special Precautions					
Any additional information about your child that would be helpful or you would like staff to know.					
Parent Signature				Date	
Primary Caregiver Signature				Date	
Date form last updated					

Please describe your child's daily schedule.

6:30 am _____

7:30 am _____

8:30 am _____

9:30 am _____

10:30 am _____

11:30 am _____

12:30 pm _____

1:30 pm _____

2:30 pm _____

3:30 pm _____

4:30 pm _____

5:30 pm _____

4/24/2023