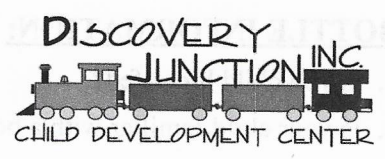


Infant Care Questionnaire



Child's Name: _____ Date of Birth: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

Sibling: _____ Age: _____

NAPPING ROUTINE:

<u>1.NAPS</u>	<u>TIME</u>	<u>LENGTH</u>
---------------	-------------	---------------

2. Describe your child's napping routine. _____

3. Does your child sleep with a...

Special toy.....YES NO
 Blanket.....YES NO
 Pacifier.....YES NO

4. What does your child best respond to when fussy? _____

PHYSICAL DEVELOPMENT:

1. Can your child...

Sit supported.....YES NO
 Sit alone.....YES NO
 Walk supported.....YES NO
 Walk alone.....YES NO

DIAPERING INFORMATION:

1. What lotions, powder or ointments will you supply for us to use on your child for wet diapers, bowel movements and rashes? _____

2. Is there any other information that you feel may be helpful in making your child feel more secure and happy? _____

FEEDING ROUTINE:

<u>Time</u>	<u>Kind of Food</u>	<u>Portions</u>
-------------	---------------------	-----------------

1. _____

2. _____

3. _____

4. _____

BOTTLE INFORMATION:

1. Is your child breastfed? **YES** **NO**
2. Is your child familiar with a bottle? **YES** **NO**
3. Does your child hold his/her own bottle? **YES** **NO**
4. Does your child take his/her bottle warmed? **YES** **NO**
5. Your child normally drinks _____ ounces at one feeding.
6. Your child normally burps after _____ ounces.
7. Your child drinks what types of liquid (circle) - - - - **Formula** **Milk** **Juice** **Water**
8. If your child is sleeping, would you like for us to wake them for their bottle? **YES** **NO**

FOOD INFORMATION:

1. Does your child eat...
 - ↳ Strained baby food **YES** **NO** ↳ Finger foods..... **YES** **NO**
 - ↳ Junior foods..... **YES** **NO** ↳ Table foods..... **YES** **NO**
2. Does your child feed him/herself? **YES** **NO**
3. Does your child drink from a cup? **YES** - - - (Alone or With help) **NO**
4. What utensils does your child use when eating? _____
5. Please check the appropriate items in regards to your child's eating habits.
 - ↳ Baby Food _____ ↳ Formula _____ ↳ Breast-Fed _____ ↳ Finger Food _____ ↳ Table Food _____
 - ↳ Feeds Self _____ ↳ Uses Spoon _____ ↳ Uses Fork _____ ↳ Uses Cup _____
6. Has your child had any feeding problems? **YES** **NO**
 - *If yes, what are they? _____
7. Does your baby have a good appetite and show interest in food? **YES** **NO**
8. Does your child have any favorite foods? _____
9. Are there any foods your child dislikes? _____
10. Does your child have any food allergies? _____
11. In what way does your child let you know when he/she is finished eating? _____

ADDITIONAL INFORMATION:

Any other information you would like use to know about your child? _____

Special Instructions:

A family meeting is offered 45 days after your child's enrollment. This meeting is to share with you the 45 day evaluation and goals the teachers have set for your child. Please sign below if you would like a meeting with your child's teachers after your child has been enrolled here at Discovery Junction for 45 days..

Parent's Signature: _____ Date: _____

Toddler Child/Parent Orientation



Child's Name _____
Age of Child _____
Parent's Name _____
Start Date _____
Parent's Address and Telephone Number _____

In order for the staff here at Discovery Junction to provide quality care to you and your child, we would like to ask you a few questions regarding his/her developmental history and family background.

Family Background

- * Are there any others living in the house? _____
- * Are there any family members that are serving in a branch of military? _____
- * What is your families cultural background? _____
- * Would you be interested in sharing information about your cultural throughout the year during special times recognized by your culture? _____
- * What is your families ethnical background _____
- * Would you be interested in sharing ethnical information about your family throughout the year during special times recognized by your ethnicity? _____
- * What are some hobbies that mom/dad are interested in? _____
- * If there were times where we need some assistance around the center would you be willing to help out? _____

Child's Health:

- * Does your child suffer from allergies? ___ yes ___ no
If yes, please explain what allergies: _____
- * Does your child take medication for his/her allergies? ___ yes ___ no
- * Is there anything we should know about your child's physical or mental health?
If yes, please elaborate: _____
- * Has your child ever been hospitalized outside the normal? ___ yes ___ no
If yes, explain: _____
- * Has your child started to demonstrate large muscle use and movement? _____
If so what are they doing? _____
- * Has your child started to demonstrate fine motor use and movement? _____
If so what are they doing? _____
- * Has your child experience any traumatic experiences? _____

Does your child have problems with or had any of the following: (circle all that apply)

Constipation	Diarrhea	Fainting Spells	Frequent Colds	Lice
Skin Rash	Ring Worm	Tuberculosis	Stomach Upsets	
Sore Throats	Ear Infections	Whooping Cough	Polio	
Asthma	Bronchitis	Diabetes	Chicken Pox	
Measles	Mumps	Hepatitis	Impetigo	

Sleeping Habits

- * Does your child prefer to sleep on his/her back or stomach? _____
- * Does your child have a favorite toy to sleep with? _____
- * What kind of atmosphere does your child normally sleep in? _____
- * How often is your child sleeping right now? _____
- * Does your child use a pacifier at nap time? _____
- * Does your child wear a diaper or pull- up at nap time? _____

Social Development

- * Is your child using words? _____ Does your child speak in sentences? _____
- * Has your child had previous exposure to other children? ___yes ___no
- * Does your child experience separation anxiety? ___yes ___no
If yes, what is best in assisting? _____
- * Does your child have trouble adjusting to change? . ___yes ___no
If yes, how do you assist? _____
- * When your child is upset, how do you comfort them? _____
- * How does your child express anger/frustration? _____
- * Is there anything you are concerned about with your child's social development?

- * Is there another language spoken in your house that may be a language barrier between your child and another? _____ What language? _____

Foods

- * Likes _____ Dislikes _____
- * What do you do when your child refuses to eat?

- * How often does your child eat ? _____
- * When being fed, how does our child prefer to be held? _____
- * Has your child began holding his/her own bottle? _____

Miscellaneous Information

A family meeting is offered 45 days after your child's enrollment. This meeting is to share with you the 45 day evaluation and goals the teachers have set for your child. Please sign below if you would like a meeting with your child's teachers after your child has been enrolled here at Discovery Junction for 45 days..

Parent's Signature: _____ Date: _____

**Preschool & School-Age Child/Parent
Orientation**



Child's Name _____
Age of Child _____
Parent's Name _____
Parent's Address and Telephone Number _____

Start Date _____

In order for the staff here at Discovery Junction to provide quality care to you and your child, we would like to ask you a few questions regarding his/her developmental history and family background.

Family Background

- * Are there any others living in the house? _____
- * Are there any family members that are serving in a branch of military? _____
- * What is your families cultural background? _____
- * Would you be interested in sharing information about your cultural throughout the year during special times recognized by your culture? _____
- * What is your families ethnical background _____
- * Would you be interested in sharing ethnical information about your family throughout the year during special times recognized by your ethnicity? _____
- * What are some hobbies that mom/dad are interested in? _____
- * If there were times where we need some assistance around the center would you be willing to help out? _____

Child's Health:

- * Does your child suffer from allergies? ___ yes ___ no
If yes, please explain what allergies: _____
- * Does your child take medication for his/her allergies? ___ yes ___ no
- * Is there anything we should know about your child's physical or mental health?
If yes, please elaborate: _____
- * Has your child ever been hospitalized outside the normal? ___ yes ___ no
If yes, explain: _____
- * Has your child started to demonstrate large muscle use and movement? _____
If so what are they doing? _____
- * Has your child started to demonstrate fine motor use and movement? _____
If so what are they doing? _____
- * Has your child experience any traumatic experiences? _____

Does your child have problems with or had any of the following: (circle all that apply)

- | | | | | |
|--------------|----------------|-----------------|----------------|------|
| Constipation | Diarrhea | Fainting Spells | Frequent Colds | Lice |
| Skin Rash | Ring Worm | Tuberculosis | Stomach Upsets | |
| Sore Throats | Ear Infections | Whooping Cough | Polio | |
| Asthma | Bronchitis | Diabetes | Chicken Pox | |
| Measles | Mumps | Hepatitis | Impetigo | |

Sleeping Habits

- * Does your child prefer to sleep on his/her back or stomach? _____
- * Does your child have a favorite toy to sleep with? _____
- * What kind of atmosphere does your child normally sleep in? _____
- * How often is your child sleeping right now? _____
- * Does your child use a pacifier at nap time? _____
- * Does your child wear a diaper or pull-up at nap time? _____

Social Development

- * Has your child had previous exposure to other children? yes no
- * Does your child experience separation anxiety? yes no
If yes, what is best in assisting? _____
- * Does your child have trouble adjusting to change? yes no
If yes, how do you assist? _____
- * When your child is upset, how do you comfort them? _____
- * How does your child express anger/frustration? _____
- * Is there anything you are concerned about with your child's social development?

- * Is there another language spoken in your house that may be a language barrier between your child and another? _____ What language? _____

Foods

- * Likes _____ Dislikes _____
- * How often does your child eat? _____
- * What would you like us to do if your child refuses to eat? _____

Miscellaneous Information

A family meeting is offered 45 days after your child's enrollment. This meeting is to share with you the 45 day evaluation and goals the teachers have set for your child. Please sign below if you would like a meeting with your child's teachers after your child has been enrolled here at Discovery Junction for 45 days..

Parent's Signature: _____ Date: _____