

**Home and Background Information for Infants/Toddlers**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have a nickname? \_\_\_\_\_ If so, what is it? \_\_\_\_\_

1. What is your child's current daily sleeping schedule?

Morning Wake-up Time: \_\_\_\_\_ Evening Bedtime: \_\_\_\_\_

Daily Naps: \_\_\_\_\_

2. Does your child sleep through the night? \_\_\_\_\_

If not, when does he/she usually wake? \_\_\_\_\_

Do both parents live with the child? \_\_\_\_\_ If not, explain briefly: \_\_\_\_\_

3. What is the primary language spoken at home? \_\_\_\_\_

4. What upsets or frightens your child? \_\_\_\_\_

5. What does your child find soothing or comfortable?

\_\_\_\_\_  
\_\_\_\_\_

6. How does your child react to strangers?

\_\_\_\_\_

7. Is your child using a cup, bottle, or both?

\_\_\_\_\_

8. Are you breastfeeding your child?    YES    NO

If yes, at what times?

\_\_\_\_\_

9. What times does your child receive a bottle each day?

\_\_\_\_\_

10. How many ounces is your child taking at each feeding?

\_\_\_\_\_

11. Is your child taking formula, whole milk, skim milk or other?

\_\_\_\_\_

12. Give any special instructions for preparing formula:

\_\_\_\_\_  
\_\_\_\_\_

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13. Is your child eating baby food or table food?

\_\_\_\_\_

14. Does your child have any food allergies?

\_\_\_\_\_

15. List any food your child is now eating:

**Vegetables**

**Fruits**

**Meats**

**Juices**

**Cereals**

16. Where does your child spend his/her waking hours?

\_\_\_\_\_

17. What toys/activities make him/her happy?

\_\_\_\_\_

18. Does your child have playmates at home? \_\_\_\_\_ Outside of home? \_\_\_\_\_

How old are their playmates? \_\_\_\_\_

19. When does your child usually have bowel movements?

\_\_\_\_\_

20. Has your child begun potty training? YES NO

If yes, describe his/her routine:

\_\_\_\_\_

21. What words does your child use to describe a:

Bowel Movement: \_\_\_\_\_ Urination: \_\_\_\_\_

22. Has your child had any previous playgroup experience? \_\_\_\_\_ Please explain briefly:

\_\_\_\_\_

23. What do you want your child to get out of Hillcrest Academy?

\_\_\_\_\_

\_\_\_\_\_

24. Please provide any other information you wish to share about your child:

\_\_\_\_\_

\_\_\_\_\_