

**Itsy Bitsy Tigers--ISD #14 Infant/Toddler Childcare
Fridley Community Center
GETTING TO KNOW YOUR CHILD**

Child's Name: _____

Does your child have any special medical needs? Are they taking any medications? (I.E. asthma, uses a nebulizer)

Does your child have any food allergies or dietary needs? _____

Your child drinks: ___ Formula ___ Breast Milk ___ Whole Milk ___ Other: _____

Your child drinks from a: ___ Bottle ___ Sippy Cup ___ Regular Cup

Your Infant drinks their Formula/Milk: ___ Warmed Up ___ Room Temp. ___ Cold from Fridge

What is your Infants typical feeding schedule? Have they started solids yet? _____

Does your child use a pacifier/Nuk? _____

What is your child's typical nap time / length / routine? _____

Where does your child typically sleep? And in what position? _____

How well does your child separate from you? _____

What suggestions do you have for the staff to comfort your child if/when they are upset? _____

Describe your child's temperament (strengths and/or concerns)? _____

How does your child communicate? (i.e., pointing, signing, with words, short sentences) _____

Does your child speak or understand any languages other than English? _____

Please describe your child's previous group experiences (Full Day, Half Day, Home Daycare, Play Dates, etc):

Has your Toddler started toilet training yet? _____

Are there any holidays or special days you would prefer that we DO NOT recognize in our classroom? _____

What skills would you like to see your child develop at *Itsy Bitsy Tigers*? _____

Any additional information that would be helpful for us getting acquainted with your child?