



Preschool Enrichment Program

Highland View Church of Christ

Infant Information Form

A copy of this form will be kept in child's class

Child's Full Name _____

First Middle Last

Name child goes by _____ Sex _____ Birth date _____

Parent or Guardian _____ Phone _____

Usual nap time? _____ How long? _____

Sleep position (back, stomach, side) _____

Does your child take a pacifier? Anytime, naptime only...? _____

Is infant on breast milk or formula? _____

If formula is it given warm, cold, room temperature? _____

Is infant eating baby food? _____ If yes, how often _____

Any food allergies in family? _____

Is infant on any medications? _____

Special needs/handicaps/allergies and how they can be assisted: _____

Does child have favorite toy, pacifier or blanket? _____

When child cries, what kind of things soothe him/her? _____

How does he/she deal with separation and what is the best way to handle this? _____

Does your child have other siblings? List name and ages: _____

How does he/she interact with siblings? _____

What toys, games, etc. does he/she enjoy at home? _____

Does he/she experience stranger anxiety and what is best way to handle this? _____

(Over, please)

How does your child react when he/she does not get own way? _____

What methods of discipline work best with your child? _____

Do we have permission to videotape or photograph your child? _____

Parent's Signature _____ Date _____