

This form collects information about children under 2 years of age in order to aid Pathfinders in individualizing the program of care for the children at Little City Kids.

This form is to be completed by a parent and must be on file at the center prior to a child's first day of attendance. Regular updates can be noted. This form is kept in the room where care is provided. If additional space is needed, attach a separate sheet.

First Day of Attendance(mm/dd/yyyy)

PARENT/CHILD NAME AND ADDRESS

Name- Child (Last, First, MI)	Nickname (If any)	Birthdate (mm/dd/yyyy)
Name- Parent (s) (Last, First, MI)		Telephone Number- Home
Address- Parent(s) (Street, City, State, Zip Code)		

HEALTH Note: Health conditions that may affect the care of the child must be recorded on LIC 702 (Child's Pre-Admission Health History) and LIC 701 (). The form should be shared with any person who provides care for the child.

- Child has frequent colds, ear infections, colic, etc.- Describe

UPDATES

MEALS

Current Feeding Schedule	Length of time in current schedule
Food Type	
<input type="checkbox"/> Formula <input type="checkbox"/> Strained <input type="checkbox"/> Junior <input type="checkbox"/> Milk type – Specify :	
New Food Timetable	
When eating, child is-	
<input type="checkbox"/> Held in a lap <input type="checkbox"/> In a highchair <input type="checkbox"/> Other- Specify:	
Feeds self	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", uses <input type="checkbox"/> Spoon <input type="checkbox"/> Fork <input type="checkbox"/> Hands	
Special feeding problems	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes"- Specify :	

Food Allergies

Yes No If "Yes"- Specify:

Favorite foods- Specify:

Refuses food- Specify:

UPDATES

SLEEP

Current sleep schedule

Length of time on current schedule

Falls asleep easily

Mood upon awakening- Describe

Yes No

Takes favorite toy(s) to bed- **child over age 1 year**

Yes No if "Yes"- list toy(s):

Sleep position- **child under age 1 year**

Note: Children under age 1 year must be placed to sleep on their back unless a written statement from child's physician's is attached.

back for children under age 1 year Side or stomach (physician statement attached)

Sleep position - **child over age 1 year**

Back Side or stomach

UPDATES

DIAPERING/TOILETING

Diaper- type

Diapers provided by the parent

Cloth Disposable

Yes No

Plastic pants used

Always Never Sometimes If "Sometimes"- Specify:

Highly sensitive skin

Frequent diaper rash

Yes No

Yes No

Lotions, powders or salves used

Yes No If "Yes", product name(s) – Specify:

Toilet trained attempted

Yes No If "Yes", describe routine.

Type of toilet seat used at home

Potty chair Special toilet seat Regular toilet seat

Regular bowel movements

Yes No How often:

Time(s) of the day:

Toilet training problems

Yes No if "Yes"- Describe

UPDATES

VERBAL COMMUNICATION

Family speaks what language- Specify

English Other If "Other"- Specify

Age child began talking

Child speaks in

Words Sentences

Words to describe special needs- Specify:

UPDATES

COMFORTING

Does child have a fussy time?

Yes No If "Yes"- specify time:

How is fussy time handled?

Child likes to be:

Held Sung to Rocked Read to Other- Specify:

Special things you say or do to comfort child:

UPDATES

SELF-EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

How does your child express feelings of happiness, enjoyment, etc.?

Additional comments

UPDATES

PHYSICAL AND SOCIAL DEVELOPMENT

Is your child able to- (Check all that apply)

Sit up alone Pull up Crawl Walk holding on Walk without support

Yes No Is your child used to playmates?

Comments

UPDATES

MISCELLANEOUS

Child's **indoor** favorite toys and activities- Specify:

Child's **outdoor** favorite toys and activities- Specify

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/ her while in care. List any information about your child's, abilities or personality that you feel will be helpful to the staff while caring for your child.

UPDATES

SIGNATURE- Parent/Guardian

Date Signed