



Clubhouse Kids Infant/Toddler Intake Form (Update as Changes Occur or Every 3 Months)

All About: _____ **Date of Birth:** _____
Print the child's name here.

Parent/Guardian 1: _____ Cell Ph: _____ Work Phone: _____
Parent/Guardian 2: _____ Cell Ph: _____ Work Phone: _____
Street Address: _____ City: _____ State: _____ ZIP: _____

Circle type(s) of liquids you are currently offering to your child: Breast Milk Milk Formula Juice Water

How much/how often? _____

Do you offer cereal with formula? Y / N How much & often? _____

Do you mix cereal with fruit/vegetables? Y / N How much & often? _____

List below any foods other than milk/formula that are offered to your baby:

<u>Type of Food:</u>	<u>Amount of Food:</u>	<u>How Often:</u>

Circle how your child usually eats these foods: Spoon-fed Use fingers Self-spooned Other: _____

Does your child have difficulty eating? Y / N (Sits up, chokes easily, allergies) Other: _____

What time does your child usually nap? _____ am or _____ pm Naps for how long? _____

How does your child like to fall asleep/nap? (rocked, patted, back rubbed, sleep-sack) _____

(We must nap/sleep infants on their backs unless we have a doctor's note to use restrictive devices; wedge, roll, strap, etc.)

What are some things your baby likes to do? _____

Please list a daily schedule of what your baby does during the day: _____

Please list any other information we need to know about your infant/toddler: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Staff Initials & Date: _____