



Virginia Marx
Children's Center
at Westchester Community College

Infant Intake Form

Child's Name: _____ Nickname: _____

Date of Birth: _____ Gender: M ___ F ___

Parents Name: _____

Family History

Who lives in the child's home? (Include names and ages of siblings)

Who is the child's primary caretaker? _____

Other family members involved: _____

Sibling's reaction to child's birth: _____

Any recent changes on your family's situation: _____

Age at which child first left with caretaker: _____

Language(s) other than English regularly spoken at home: _____

Developmental History

Pregnancy/birth - normal /full term? _____

Describe any specific difficulties _____

Age at which your child accomplished the following:

Held head up: _____ Slept through the night: _____

Smiled: _____ Babbled: _____

Rolled over: _____ Crawled: _____

Sat up without support: _____ Walked: _____

One word: _____ Spoke phrases/sentences: _____

Describe your child's temperament: _____

Is your child frightened of anything we should know about? _____

Are there any family traditions/cultural practices that you would like us to be aware of to make your child more comfortable?

Socialization Experiences

Degree of involvement with other children:

In the home: _____

In group setting: _____

Previous childcare experience:

What kind of setting? _____

What reactions (if any) have you noted upon leaving your child? _____

If separation difficulties have occurred, have they been constant, or at different time periods?

What reaction has your child had upon your return? _____

Do you have any separation "rituals" we can help with? _____

What is the child's nature with other children? _____

Feeding

Breast or bottle fed at home? _____

Formula or expressed milk at the center? _____

Do you plan to nurse during the day? _____

Have solids been introduced if so when? _____

Cereals: _____

When: _____

Fruits: _____

When: _____

Veggies: _____

When: _____

Meats: _____

When: _____

Does your child have any food allergies? (Please list all) _____

How is food offered to your child? (Schedule, demand) _____

How would you describe your child's eating pattern/habits? _____

Sleeping

Number of naps per day: _____

Time and duration of naps: _____

What routines do you follow or means used to help your child fall asleep? _____

Does your child have a favorite or familiar lullaby? _____

Does your child have a blankie, toy, binky, etc... they like to sleep with? _____

We will place your child on his/her back for sleeping. Does your child like to be swaddled?

Are there any special means to comfort your child when upset or fussy? _____

Health

Frequency and typical appearance of bowel movements:_____

Is your child prone to diaper rash? If so, what is your course of treatment? _____

Has your child ever been hospitalized or had any significant medical intervention?_____

Is there any other information our staff should be aware of to better care for your child?

Parent Name (please print)_____

Parent Signature_____

Date _____