Bright Haven Christian Learning Center
2016 – 2017 Infant Enrollment Questionnaire

Child's Name: ________________________________ Birthday:________________________

Mother's Name: _______________________________ Birthday:______________________

Father's Name: ________________________________ Birthday:______________________

If married, parents' anniversary: __________________ Child's Nickname: ________________

Previous Childcare History:

Has your child been in childcare before? ______________

If so, please give name of last childcare provider/center:

Name ____Dates attended from _________ to__________

Why was care terminated? ______________________________ May I contact them for a reference? Y N

Food

Is your child breast-fed? □ Yes □ No *If yes:* Do you plan to continue breast feeding? □ Yes □ No

If yes, how do you plan to carry this out? ____

What is your child's feeding schedule? ____

____

Do you supplement? ____

Is your child bottle-fed? □ Yes □ No If yes: What is your child's bottle feeding schedule?

Liquids	**Type**	**Amount**	**How Often?**
Formula			
Milk			
Water			

As babies grow and develop, their dietary needs change as well. How flexible are you with your child's feeding times? (i.e. do not deviate more than 10-15 minutes, feed on demand, call first if schedule is not meeting baby's needs) ____

What position does your child like to be in while bottle feeding? ____________________________

____

What position does your child like to be in while being burped? ____________________________

Has your child been introduced to solids? □ Yes □ No If yes, what type? □ baby food □ table food

What is your child's feeding schedule?

Solids	**Type**	**Consistency**	**Amount**	**Times**
Cereal				
Vegetable				
Fruit				
Meat				
Snack				

Does your child have any food sensitivities? □ Yes □ No

If yes, please identify: ____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

____

____

Does your child usually cry when going to sleep? □ Yes □ No
If yes, for how long? ___________________________

Where does your child normally sleep? ________________________
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Diapering

What type of diapers does your child use? _____________________

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.)

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Is your child prone to diaper rash? □ Yes □ No Treatment:___________________________

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Social/Emotional Development

Describe your child's temperament: (i.e. colic, likes to cuddle) _______________________

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What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes) ____

____

Does your child separate easily from you? ____

Is your child afraid of anything? ____

Does your child have a favorite toy, blanket or soother? ___________________________________

Does your child spend time with other children? □ Yes □ No

Please comment: (who, when, how much) ____

____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: ____

____

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Photography/Videography/Social Media Release

I, ______________________________ parent/legal guardian of ________________________ give permission for Bright Haven CLC to use any photography/videography of my child for publicity purposes (i.e. website, social media, marketing brochures, etc. Names won't be used).

Date: ____/____/____ ____________________________________
D M Y Parent/Guardian signature