

STONEWOOD SCHOOL NORTH INFANT QUESTIONNAIRE

Dear families,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Please let us know if any of the information changes and update us if possible. Thank you!

CHILD'S NAME _____ DATE OF BIRTH _____

PHYSICAL DEVELOPMENT

Does your child:

- ____ sit with support ____ sit unassisted
- ____ crawl forward/backward
- ____ stand
- ____ walk with assistance ____ walk unassisted

SLEEPING HABITS

My child usually naps _____ times/day

Typical nap times: _____ to _____
_____ to _____
_____ to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances? _____

Does your child sleep with any special object? _____

Does your child sleep in her/his crib at night? Yes _____ No* _____

* If No, please explain. _____

Please note, Vermont childcare regulations require us to place your infant on his/her back to sleep in a crib. We require a doctor's note for any other sleeping arrangements.

EATING HABITS

Please check all that apply:

____ breast-fed ____ bottle-fed ____ whole milk ____ baby food ____ finger food

Type of milk my child will drink at the center:

____ breast milk ____ formula (brand: _____) ____ whole milk

My child typical has a bottle at the following times:

COMFORT ITEMS

My child has the following comfort items:

____ pacifier ____ lovey ____ stuffy ____ other: _____

My child typically likes have this item:

____ all day ____ when he/she is sad ____ nap only ____ other: _____

Please let us know any other pertinent information about your infant:

Thank you!