

Robin's Nest



Enrollment Information for Infants

Child's Name _____ Birth date _____

Parent's Names _____ Home Phone _____

Sibling's names & ages _____

Address _____

Dad's Work _____ Mom's Work _____

Location _____ Location _____

Dad's Work # _____ Mom's Work # _____

Please give us information about your child's habits and needs.

Special Health Conditions _____

Special Interests and abilities _____

Has your child had any of the following? Please circle.

Premature Birth

Trouble breathing at birth

Birth injury or defect

Head injury

Convulsions/seizures

Allergies (eczema, hives, drug, food intolerance, hay fever, wheezing, asthma, insect stings)

Describe _____

How do you comfort your child? _____

What are your child's favorite toys? _____

What are your child's favorite activities? _____

What language(s) are spoken in your home? _____

EATING HABITS

Is your baby breast-fed? YES ___ NO ___ Bottle-fed? YES ___ NO ___

Type of bottle _____ Nipple _____ Formula _____

How much? (ozs) _____ How often? _____

Does your child need to be burped ? YES ___ NO ___

Type of food	Amount:	Times:
Cereal	_____	_____
Fruit	_____	_____
Vegetables	_____	_____
Meat/Protein	_____	_____
Other fluids (juices, water)	_____	_____

Does your child have any feeding problems? YES ___ NO ___

If YES, what are they? _____

SLEEPING HABITS

How does your child go to sleep at home? _____

Does your child use a pacifier at naptime? YES ___ NO ___

Does your child cry when going to sleep? YES ___ NO ___

What is your child's current sleeping schedule?

Night time: from _____ to _____

AM nap: from _____ to _____

PM nap: from _____ to _____

Does your child sleep on his/her stomach _____ back _____ side _____?

DIAPERING

Does your child have frequent diaper rash? YES ___ NO ___

Do you use any ointments or powders? YES ___ NO ___

Do you use powder or ointment at every change or as needed for diaper rash? (circle)

What kind of powder or ointment do you use? _____

Is there anything else you would like to tell us about your child?

Parent Signature _____ Date _____

THINGS YOU WILL NEED TO BRING FOR YOUR INFANT

Prepared bottles- Formula or breast milk

Baby Cereal

Diapers

Wipes

Ointments

Powder

Bibs

2 or 3 changes of clothes

2 Crib Sheets (one for an extra)

A heavy blanket

A lightweight blanket

Burp Cloths

Spoon (when needed)

Sip Cup (when needed)

Pacifiers (if needed) Please keep an extra in your child's bag

Crib Bumper if you wish

PLEASE ALWAYS LABEL:

BOTTLES and TOPS, BIBS, BLANKETS, DIAPERS, (BAG), OINTMENT, POWDER

The Center provides:

Strained fruits, strained vegetables, milk and juice. Natural juices are diluted.

Milk is introduced upon parents request.

Adult foods are introduced upon parents request.

Crib toys (mobile, Busy Box, Mirror, Gyms) can be provided by the parents.

Labeled favorite toys from home may be kept in your child's crib.

Your child will be provided with a cubby where you may keep a diaper bag, coats, extras, etc.