**INFANT PACKAGE**

For us to provide quality care for your child, we need to understand a bit about your child’s developmental history (as of the date of filling out the form).  Feel free to write in as much information as you like. Use the reverse side of this form if necessary.

**ACTIVITIES/ENVIRONMENT:**

Please list your baby’s favourite toys and activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you consider your child’s emotional level:  Easily Upset\_\_\_   Normal\_\_\_  Easy-going\_\_\_

Environmental preferences:   Prefers indoors\_\_\_     Prefers outdoors \_\_\_

Activity preferences:  Prefers quiet environment/activities\_\_   Prefers gross motor/active play \_\_

Is your child: Sitting Independently YES\_\_\_ NO\_\_\_, Crawling YES \_\_\_ NO \_\_\_, Standing YES\_\_ NO \_\_\_

 Walking YES \_\_\_ NO \_\_\_

**HEALTH**

Regular Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization Record: \*Please provide copy\*

Date of Last Immunization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Health Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child will need the following special previsions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything we should know about your child’s physical or mental health: YES \_\_   NO \_\_

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been hospitalized? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any injuries with fractures or loss of consciousness? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last vision date: \_\_\_\_\_\_\_\_\_\_\_\_   Last hearing date:\_\_\_\_\_\_\_\_\_\_\_\_\_  Last physical examination: \_\_\_\_\_\_\_\_\_

**Does your child have problems with (circle all that apply):**

Constipation   Convulsions Diarrhea    Seizures Frequent Colds     Skin Rash   Stomach Upset        Worms   Throat  Ear Infections

**Has your child had any of these diseases (circle all that apply):**

Asthma  Bronchitis Chicken Pox  German Measles Measles Hepatitis Impetigo Diabetes   Heart Disease   Scarlet Fever        Mumps       Polio        Whooping Cough

**SLEEPING HABITS**

# of naps/day:  \_\_\_\_  Regular nap-time schedule? YES\_\_\_\_ NO \_\_\_\_    At what times \_\_\_\_\_\_\_\_\_\_\_

We provide sheets and sleep sacks for our infants.  (There are no blankets or sleep toys)

Explain nap routine and any specific items required and/or tips and ‘tricks’: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADJUSTMENT**

Do you expect any adjustment difficulties when your child begins care? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Child Care attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any problems at previous childcare: \_\_\_\_\_\_\_\_\_\_\_\_

 **SOCIAL DEVELOPMENT**

Is your child used to being with other children: YES\_\_\_\_ NO \_\_\_\_

Does your child have trouble separating from you when being dropped off? YES \_\_\_\_   NO\_\_\_\_

If yes, what do you do to assist your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child make shy or have trouble adjusting to new places and faces: YES\_\_\_   NO\_\_\_\_

If yes, how do you assist your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child express anger or frustration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When your child is upset, what do you do to comfort him/her: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special fears: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything you are concerned about with your child’s social development: YES \_\_   NO\_\_

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER**

Anything else you would like us to know about your child (general personality, developmental issues,

tendency towards affection, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANGUAGE DEVELOPMENT**

Is your child:   Babbling\_\_\_    Making sounds\_\_\_   Using sounds as words\_\_\_   Using words:\_\_\_

Putting 2 words together\_\_\_     Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a second language spoken in your home: YES\_\_\_  NO\_\_\_  What language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have difficulty with his/her speech: YES\_\_\_  NO\_\_\_

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOODS (At the time of enrolment in the Centre)**

Does your child drink:      Formula only \_\_\_    Formula-supplement\_\_\_   Water\_\_\_   Whole milk\_\_\_

                 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child drink a lot of fluids: YES\_\_\_\_    NO\_\_\_\_

Does your child eat:  Pablum/baby cereal only\_\_\_    Pureed food\_\_\_\_    Finely chopped foods\_\_\_\_

                 Foods cut in small pieces\_\_\_   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What foods does your child seem to like/dislike: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you do when your child refuses to eat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you describe your baby’s appetite as: GOOD\_\_\_\_ OKAY\_\_\_\_    NOT GOOD\_\_\_\_

**FAMILY LIFE**

**Parents are:**

Married \_\_   Living Together \_\_   Divorced \_\_   Separated \_\_  Widowed \_\_      Single \_\_

If applicable, Parent/Guardian with Legal Custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you please tell me who else lives at home with you and your child:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please note here any special family concerns we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSIONS**

**CREAMS, LOTIONS, SUNSCREENS, and POWDERS**

I give permission for Child’s Paradise Day Care Centre to apply creams to my child \_\_\_\_\_\_\_\_\_\_\_\_,

Zinc-based diaper cream (Sudocrem, Penaten, etc), Vaseline, etc..   Parent Initial \_\_\_\_\_\_\_

Hand lotion (such as Vaseline Intensive Care):  Parent Initial\_\_\_\_\_\_\_

Sunscreen: Parent Initial\_\_\_\_\_\_ (Families are required to provide sunscreen for children under 1 year of age.)

Application will be done according to the Manufacturer’s directions (or parent’s instruction as written).

I give permission for Child’s Paradise to use unscented wipes with my child: Parent Initial\_\_\_\_\_

**I understand that I need to notify staff if my child brings any Lotions, Creams, LipBalms, etc... to daycare. I also understand that a Medication Authorization Form needs to be completed for any of these items that have a D.I.N.**  Parent Initial: \_\_\_\_

**WATER PLAY**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to participate in water related activities including but not limited to; water sensory play, small pool and sprinkler activities and water bottles while at Child’s Paradise Day Care Centre. I understand these activities will always be diligently monitored.                     Parent Initial: \_\_\_\_

I give permission for my child to participate in water activities at the splash pad.

ParentInitial\_\_\_

**EXCURSIONS OFF DAYCARE PROPERTY**

I give permission for my child to go for walks within Mateway property. Parent Initial:\_\_\_\_\_\_

I give permission for my child to go for walks within the community.    Parent Initial:\_\_\_\_\_\_

**PICTURES AND VIDEOS**

I give permission for photos/videos of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s Name) to be taken and:

Posted in the centre or on the child care app.   YES   Parent Initial \_\_\_\_\_\_  NO  Parent Initial \_\_\_\_\_

Posted on the centre's website.   YES    Parent Initial \_\_\_\_\_\_\_\_\_    NO  Parent Initial \_\_\_\_\_\_\_

Information and documentation (photographs, written notes, etc...) that is given to the parents of the Centre regarding children is confidential. Request for any such information is to be referred to the Administrator. Parents have the option of requesting photographs of their children. If a parent is in possession of photographs where there are other children besides their own, the parent needs to be aware that this photo is being given for personal use only and is not to be modified and/or distributed for any reason. If you are in possession of a photograph or other information about another child in the Centre, you acknowledge that you are aware that you are not to distribute, share and/or modify these photographs/this information. You are also aware that the photographs taken by the Day Care Centre remain the actual property of Child’s Paradise.                    Parent Initial: \_\_\_\_\_\_\_

 **ADDITIONAL REQUEST PERMISSIONS (i.e. bottles, soothers, etc):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre-Approved (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_