RainbowLand
Child Development Center

Intake for child under 2 years old

Child's Name: ________________________________ **Date of Birth:** ___________________

Health:

1. Does your child have chronic illnesses, frequent ear infections colic, acid reflux, asthma (breathing issues)
   Yes **No**
   Describe:

2. Does your child have any allergies**?**
   Yes **No**
   Describe:

Meals:

1. Current feeding schedule

1. Food Type:
   □ Formula □ Breast milk □ Strained (baby food) □ Stage 3 foods

   □Table (finger foods) □ Whole Milk

2. When eating, child is-
   □ Held in lap □ In highchair □Other – Specify: ___________________________________

3. Feeds Self: No Yes If yes - □ Spoon □ Fork □ Hands

4. Special feeding problems Yes No If yes please specify

5. Food Allergies Yes No If **yes** please specify

6. Favorite Foods: ____

7. Refused Foods: ____

Over →

Sleep:

1. How many naps does your child take a day? ____
2. Does your child fall asleep easily? Yes No
3. How do you put your child to sleep? ____
4. Does your child need a pacifier to go to sleep? Yes No
5. Do they need a special sleep friend to go to sleep with? (***children over 1 year old***)

Diapering / Toileting:

1. Highly sensitive skin (has diaper rash often) Yes No

2. Toilet training attempted? Yes No

3. Regular bowel movements? Yes No

4. Toileting Problem? Yes No

Verbal Communications:

1. What language do you speak at home? ____
2. Does your child speak in Words Sentences

Comforting:

1. Does your child have a fussy time of day? Yes No If **yes** please specify what comforts them

2. When comforted does your child like to be:
□ Held □ Sung to □ Rocked □ Read to □ Other:______________________________________

Self - Expression:

1. What frightens your child and how is it shown?

2. How does your child express feelings of happiness, enjoyment, etc.?

Physical and Social Development:

1. Is your child able to:
□ Sit up alone □ Pull up □ Crawl □ Walk holding on □ Walk without support

2. Has your child been in child care before? Yes No
If **yes** what type of setting: