



INFANT SUPPLEMENTAL INFORMATION SHEET

Dear parent or guardian,

Thank you for answering this questionnaire with care. Knowing the answers to these questions helps us to make the transition from home to school smoother for your child and for us. This will also help us when we complete developmental checklist forms now required by the State of Florida.

Lisbel Rodriguez - Director

Student's full name:	Nickname:	Birth date:
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Members of the family living at home:

Name	Age (of siblings)	Relationship	Name used by child

1. Did your child have a premature birth?	If so, how many weeks?
2. Has your child previously been in a child care center outside your home?	
3. Does your child take a nap? Morning _____ Afternoon _____	
4. What does your child take to bed (blanket, bottle, pacifier, etc.)?	
5. How many hours does your child sleep at night (approx.)?	
6. Does your child take a bottle?	If so, is the bottle warmed?
7. Does child hold own bottle?	
8. Does child eat: strained foods junior foods table foods formula milk type other: _____	
9. Food likes:	Food dislikes:

10. Are there any foods your child may not or cannot eat due to allergies, religious customs, etc.?

If so, please list:

11. Does your child take a pacifier?

12. Do you use special creams? _____ special wipes? _____ powder? _____

13. Is diaper rash a problem?

If so, how do you treat it?

14. Is diarrhea or constipation a problem?

15. Child's feeding schedule:

Time (approx.)

Types and approx. amounts of food

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16. What language is spoken at home?

17. List behaviors characteristic of your child:

18. Does your child separate easily?

19. Does your child exhibit fears?

If so, please list:

20. Does your child have any special needs?

21. Special comments: