OREGON DEPARTMENT OF EDUCATION
Early Learning Division - Office of Child Care

Child Care Enrollment
Infant and Toddler Information

To Be Completed by Parent

Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

Name of child care center/home			Date enrolled
Child's Name	Nickname	Birthdate	Child's age at entry
Name of Parent(s)			Phone (day)

Health

Any special/medical needs?

Any previous medical history?

Any allergies?

Any medications?

Individual Needs

Does child say any words? What do they mean?

What languages are spoken in the home?

What are child's favorite games, toys and things to do?

How do you comfort your child when he or she is upset?

Any information that might be important or helpful to caregivers?

Family

Members of Household	Relationship	Age if Sibling

Any pets?

Over ⇒

Typical Daily Schedule

7:00 _____

7:30 _____

8:00 _____

9:00 _____

10:00 _____

11:00 _____

12:00 _____

1:00 _____

2:00 _____

3:00 _____

4:00 _____

5:00 _____

Sleep

Any special sleeping routines?

Does your baby liked to be rocked?

Is your baby always put on his/her back to sleep?

When does your baby usually sleep?

How long is a typical sleep period?

Liquids

☐ Cup ☐ Bottle ☐ Parents on-site

Milk: ☐ Formula ☐ Whole milk
☐ Breast ☐ 2%
☐ Skim

Brand:_____

Type: ☐ Powder ☐ Ready to feed

☐ Heated ☐ Room Temp ☐ Cool

Amount/serving:_____

Juice: ☐ Apple ☐ Orange
☐ grape: ☐ Peach
☐ Pineapple: ☐ Apricot

Any other liquids?_____

Foods

What does your child eat?

☐ Baby Food ☐ Table Food

Types/Amount:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____