



**THE ROCKEFELLER UNIVERSITY  
CHILD AND FAMILY CENTER**

**Infant/Toddler Intake Information Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname, if any: \_\_\_\_\_

Sibling(s) (name, age, gender): \_\_\_\_\_

Who lives in your child's home (or homes)? \_\_\_\_\_

Other adults with whom your child spends a great deal of time with & their relationship: \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

Have there been any changes in the people who care for your child? \_\_\_\_\_

How did your child react to those changes? \_\_\_\_\_

How does your child react to unfamiliar people, both in and outside of your home? \_\_\_\_\_

How do you feel when you leave your child in someone else's care? \_\_\_\_\_

**TEMPERAMENT & EMOTIONS**

How would you describe your child? Describe their temperament: \_\_\_\_\_

What makes him/her upset? What soothes your child? \_\_\_\_\_

Does your child have a special blanket, toy, pacifier, or other security object to which s/he is attached? \_\_\_\_\_

Under what circumstances does s/he use it? \_\_\_\_\_  
\_\_\_\_\_

## **ROUTINES**

Describe a typical day at home with your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For toddlers, what are your child's eliminating habits and diapering/toileting routine? Do you have any specific diapering instructions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **a) SLEEP**

Where does your child sleep at home (with others, own room, bed or crib, etc.)? \_\_\_\_\_  
\_\_\_\_\_

Describe your child's bedtime/nap ritual (how you put them to sleep): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is s/he sleeping through the night? What do you do if your child wakes in the night? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What time does your child usually wake up in the morning? General mood upon awakening? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What times, where, and for how long does your child generally nap? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **b) EATING**

Does your child drink breastmilk and/or formula? \_\_\_\_\_  
\_\_\_\_\_

For infants, does your child take a bottle? Describe. \_\_\_\_\_  
\_\_\_\_\_

What is s/he eating, when, and how much? \_\_\_\_\_  
\_\_\_\_\_

---

---

What is your child's general attitude toward eating? \_\_\_\_\_

---

Is your child eating solids and/or purees? Is your child self-feeding? \_\_\_\_\_

---

---

Does your child have any food allergies or dietary restrictions? \_\_\_\_\_

---

---

Any other special instructions about eating? \_\_\_\_\_

---

---

## **HISTORY**

Was your child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_

What has s/he been told? \_\_\_\_\_

Is there anything about your pregnancy or birth experience that we need to know? If yes, please explain: \_\_\_\_\_

---

Has your child had any serious illnesses or been hospitalized? If yes, please explain: \_\_\_\_\_

---

---

Ear/hearing problems? \_\_\_\_\_

Visual problems? \_\_\_\_\_

Physical impairments? \_\_\_\_\_

Do you have any current concerns about your child's development? Please explain: \_\_\_\_\_

---

---

---

## **RELATIONSHIP WITH THE CHILD AND FAMILY CENTER**

How do you expect your child to react to beginning at or returning to the Child and Family Center? \_\_\_\_\_

---

What do you want from your relationship with the staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With the other parents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of the CFC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific concerns or questions for us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us anything else you would like us to know about your child and/or your family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU!**