Pluto Day Care - Infant Room Introductory Questionnaire

Complete electronically where possible. Complete this package only for children entering an Infant Program.

Child's name: _____

Date of birth: _____
(DD-MM-YYYY)

Comfort & soothing

Uses a soother: ☐ Yes ☐ No

When to give: ☐ Anytime ☐ Sleep only ☐ Comfort only

Other Comfort Item: _____

When to give: ☐ Anytime ☐ Sleep only ☐ Comfort only

Soothing Strategies: _____

Feeding

Current milk: ☐ Breast milk ☐ Formula ☐ Whole milk ☐ Other: _____

Bottle warmed: ☐ Yes ☐ No

If yes, preferred warming method: _____

Drinks from: ☐ Bottle ☐ Sippy cup ☐ Straw cup ☐ Open cup

Self-feeds: ☐ Yes ☐ No ☐ Learning

Uses spoon: ☐ Yes ☐ No ☐ Learning

Typical feeding schedule and instructions: _____

Sleep routine

Naps per day: ☐ 1 ☐ 2 ☐ 3+

Typical length: ☐ 30 min ☐ 1 hr ☐ 1.5 hr ☐ 2+ hr

Falls asleep: ☐ Independently ☐ Rocked ☐ Held ☐ Back rub

Usual nap times and sleep cues: _____

Diapering & development

Diaper type: ☐ Disposable ☐ Cloth

Diaper cream: ☐ Yes ☐ No If yes, brand: _____

Current mobility development:

☐ Rolling ☐ Sitting ☐ Crawling ☐ Pulling to stand ☐ Cruising ☐ Walking

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Other Information

Words, sounds, signs, songs, routines, or interests your child responds to: _____

_____

Family goals or anything else we should know: _____

_____

_____ _____ _____

Date (DD-MM-YYYY) Parent/Guardian Name Parent/Guardian Signature

Infant Food Introduction Chart

Indicate whether each food has been introduced at home & your child's reaction. Pluto Day Care will only offer your child new foods with express permission from a parent/guardian.

Food	Introduced	Not yet	Reaction/notes
Infant cereal			
Pureed vegetables			
Pureed fruit			
Soft cooked vegetables			
Soft fruit			
Egg			
Dairy/yogurt			
Wheat/bread/pasta			
Fish			
Legumes/beans			
Meat/poultry			
Other: _____			

Is there any food that you do not want your child introduced to yet?

_____

_____

_____ _____ _____

Date (DD-MM-YYYY) Parent/Guardian Name Parent/Guardian Signature

Infant Feeding Schedule - Children Under 12 Months

Child's name: _____ Date of birth: _____
(DD-MM-YYYY)

Provide the type, amount, warming instructions, and approximate time for each bottle and food serving.

Time	Bottle/milk type & amount	Food type & amount	Instructions/notes

Parents/guardians must update this schedule whenever feeding instructions change up until your child's first birthday.

_____ _____ _____

Date (DD-MM-YYYY) Parent/Guardian Name Parent/Guardian Signature