

**Adventures Child Care & Learning Center, Inc.**  
**Childhood History (Infants & Toddlers)**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth weight: \_\_\_\_\_ Full term? \_\_\_\_\_ Does your child takes any

Regular medications? \_\_\_\_\_ What? \_\_\_\_\_

Any social, emotional or physical complications which may require special care? \_\_\_\_\_

Any warm fuzzies? (Security blanket, teddy bear...) \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

Any fears? \_\_\_\_\_

Has you child ever been in any child care, pre-school or co-op program prior to enrollment in Adventures? \_\_\_\_\_

When? \_\_\_\_\_ How long? \_\_\_\_\_ If so, did your child adjust well to previous

Arrangements? \_\_\_\_\_ If not why? \_\_\_\_\_

What did your child enjoy most about previous child care arrangements? \_\_\_\_\_

Least? \_\_\_\_\_ Does your child have the opportunity to play with other

Children? \_\_\_\_\_ What are your child's favorite play activities? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Approximately what hours? \_\_\_\_\_ What is your child's attitude about naps and  
bedtime? \_\_\_\_\_

Habits associated with naps? \_\_\_\_\_

Does your child eat well? \_\_\_\_\_ If on formula, what formula? \_\_\_\_\_

Approximately how many ounces per day? \_\_\_\_\_ Is the child eating baby food? \_\_\_\_\_ What type? \_\_\_\_\_

\_\_\_\_\_ Table food? \_\_\_\_\_

How much per day? \_\_\_\_\_ Favorite? \_\_\_\_\_ Least favorite? \_\_\_\_\_

Any adverse reactions to foods? \_\_\_\_\_

When did your child start holding his/her head up? \_\_\_\_\_ When did your child first crawl? \_\_\_\_\_

Walking? \_\_\_\_\_ Is your child susceptible to diaper rash? \_\_\_\_\_ If so, what is done to prevent  
this? \_\_\_\_\_

Can baby wipes be used? \_\_\_\_\_ Any brand allergies? \_\_\_\_\_

Any developmental concerns? \_\_\_\_\_

Any additional information that may help us care for your child? \_\_\_\_\_