



INFANT ALL ABOUT ME FORM

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENT'S/GUARDIAN'S NAMES \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

**EATING INFORMATION:**

IS YOUR CHILD DRINKING FORMULA OR BREAST MILK? \_\_\_\_\_

WHAT IS YOUR CHILD'S EATING ROUTINE?

\_\_\_\_\_

DOES YOUR CHILD EAT ANY FOODS? \_\_\_\_\_

IF YES, PLEASE LIST \_\_\_\_\_

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? \_\_\_\_\_

IF YES, PLEASE LIST \_\_\_\_\_

DOES YOUR CHILD HAVE ANY EATING ISSUES? \_\_\_\_\_

IF YES, PLEASE LIST \_\_\_\_\_

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**DIAPERING:**

DOES YOUR CHILD GO ON A SEMI REGULAR BASIS? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ISSUES WITH BOWEL MOVEMENTS? \_\_\_\_\_

IF SO, PLEASE EXPLAIN \_\_\_\_\_

**NAPPING:**

DOES YOUR CHILD SLEEP THROUGH THE NIGHT? \_\_\_\_\_

IF NO, PLEASE EXPLAIN THEIR NIGHT TIME SLEEPING PATTERNS \_\_\_\_\_

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DOES YOUR CHILD EAT DURING THE NIGHT? \_\_\_\_\_

IF SO, HOW OFTEN AND HOW MUCH? \_\_\_\_\_

DOES YOUR CHILD USE A PACIFIER? \_\_\_\_\_

IF SO WHEN? \_\_\_\_\_

DOES YOUR CHILD SLEEP WITH A SPECIAL BLANKET OR TOY? \_\_\_\_\_

IF SO PLEASE EXPLAIN \_\_\_\_\_

**SOCIAL SKILLS:**

IS YOUR CHILD FRIGHTENED OF ANYTHING? \_\_\_\_\_

IF SO, WHAT? \_\_\_\_\_

HOW DOES YOUR CHILD DEAL WITH NEW EXPERIENCES? \_\_\_\_\_

WHAT MAKES YOUR CHILD UPSET? \_\_\_\_\_

DO YOU ANTICIPATE ANY ADJUSTMENT PROBLEMS? \_\_\_\_\_

SPECIAL FAMILY SITUATIONS SUCH AS CUSTODY SPECIFICATIONS, PROBLEMS ARISING FROM SITUATIONS, ETC ? \_\_\_\_\_

ANY CONCERNS YOU WOULD LIKE TO SHARE? \_\_\_\_\_

WHAT EXPECTATIONS DO YOU HAVE OF THE JCC? \_\_\_\_\_

After 45 days enrolled in the program would you like a meeting with your child's teacher?

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THANK YOU!

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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