

Infant/Toddler Childcare Intake Form

This form is designed to help teachers understand your infant's routine, needs, and family environment to provide consistent, responsive, and nurturing care aligned with GROW NJ Kids.

Child Information

- **Infant's Full Name:** _____
 - **Preferred Name/Nickname:** _____
 - **Date of Birth:** _____ **Age (months):** _____
 - **Start Date:** _____
 - **Classroom/Group:** _____
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Family Structure & Home Environment

(Understanding your family structure helps us support your infant's emotional security and attachment.)

- **Who lives in the infant's home?** (parents, siblings, grandparents, others)

- **Siblings:** ☐ No ☐ Yes

If yes, please list names and ages:

- **Does your infant spend time in more than one household?** ☐ Yes ☐ No

If yes, please describe the schedule:

- **Primary caregiver(s) at home:** _____

- **Any recent changes at home** (new sibling, move, return to work, etc.)?

☐ No ☐ Yes (please explain): _____

Medical Information

Allergies (food, medication, environmental)

☐ None ☐ Yes (please list and attach action plan if applicable): _____

Medical Conditions / Special Needs

☐ None ☐ Yes (please explain and attach IFSP if applicable): _____

Medications

☐ None ☐ Yes (Medication Authorization Form required)

Feeding Information & Schedule

- **Primary feeding method:** ☐ Breastmilk ☐ Formula ☐ Combination
 - **Brand/type of formula or breastmilk notes:** _____
 - **Bottle amount:** _____ **Frequency:** _____
 - **Solid foods introduced:** ☐ No ☐ Yes (list foods): _____
 - **Food preferences or sensitivities:** _____
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Sleep & Daily Routine at Home

- **Typical wake-up time:** _____
 - **Nap schedule (times & length):** _____
 - **Sleep environment** (crib, bassinet, dark room, sound machine): _____
 - **Sleep associations** (rocking, feeding, pacifier, caregiver present): _____
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- **Night wakings:** ☐ No ☐ Yes (how often?): _____
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Comfort, Behavior & Temperament

- **How does your infant show hunger cues?** _____
 - **How does your infant show signs of tiredness?** _____
 - **What soothes your infant best?** _____
 - **Typical temperament:** ☐ Calm ☐ Active ☐ Sensitive ☐ Easygoing ☐ Other
 - **Any known triggers or sensitivities:** _____
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Development & Communication

- **How does your infant communicate needs?** ☐ Crying ☐ Sounds ☐ Gestures
 - **Developmental milestones reached** (rolling, sitting, crawling, etc.): _____
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Permissions

- **Photographs/Videos for classroom use:** ☐ Yes ☐ No
 - **Outdoor walks/play (weather permitting):** ☐ Yes ☐ No
 - **Emergency medical treatment authorization:** ☐ Yes ☐ No
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Additional Notes or Family Goals

Parent/Guardian Acknowledgment & Program Policies

I certify that the information provided is accurate and complete. I understand it is my responsibility to update the childcare center of any changes. I acknowledge that I have received and reviewed the Parent Handbook, health and safety policies, and GROW NJ Kids quality practices.

Parent/Guardian Name (print): _____

Signature: _____ **Date:** _____
