

CURRENT DATE: _____



INFANT PACKET ONLY

0-12 MONTHS



SMART STARTS Childcare and Preschool



208-528-0219

450 W. 18th Street

Idaho Falls, Idaho 83402

WWW.SMARTSTARTSCC.COM

facebook.com/SmartStarts2004/

INFANT PACKET

Childs full Name: _____

DOB: Month _____, Day _____ Year _____ Current age: _____

CURRENT DATE: _____

Address **SMART STARTS**
Childcare and Preschool

Childs Siblings and ages: _____



===== Legal

Guardian OR Mother's Name _____ Home Phone: _____

CURRENT Address: _____ Cell Phone: _____

Mothers Employer: _____ Work Phone #: _____

Position Held: _____ Hours of Employment: _____

Email Address: _____

===== Legal

Guardian OR Father's Name _____ Home Phone: _____

CURRENT Address: _____ Cell Phone: _____

Father's Employer: _____ Work Phone #: _____

Position Held: _____ Hours of Employment: _____

Email Address: _____

INFANT QUESTIONNAIRE

What is the best way to comfort your infant when they are:

CURRENT DATE: _____

SAD SMART STARTS
Childcare and Preschool



SICK

Does your infant regularly use a binky? _____

How do you get your infant to sleep? _____

How long does your infant normally sleep at a time? _____

How many ounces of formula do you prepare for your infant? _____

What kind of bottle does your infant take? _____

How often do you give your infant a bottle? _____

Has your infant been introduced to solid foods? If so, what? _____

Has your infant been introduced milk? YES NO

What brand of formula does your infant respond best to? _____

Are there any foods you would prefer us to not give your infant? If so, what?

INFANT QUESTIONNAIRE CONTINUED

CURRENT DATE: _____

What ~~type of~~ eater is your infant? Do they eat/drink a bottle all at once? Do they drink slowly - a few ounces and stop for a while and then drink more? _____



How often and how long do you do tummy time? _____

Is your infant okay with small amounts (15 min) of outside time (after 6 months)?

Does your infant have a favorite blanket? Please describe it _____

You are asked **and** recommended to have the following at our center at all time-

1-2 binky's **WITH** name on them (if infant takes a binky)

1-2 preferred bottles **WITH** name on them

Formula **WITH** name on container (if Members Mark formula is not used)

Diapers- you may buy a box and leave at the center **WITH** a name on them *or* you may bring **enough** for a diaper change every 2 hours (plus accidents) for the time that your infant is in our care.

Wipes- if your child is allergic to the brands we buy (normally Parents' Choice or Members Mark)

Changes of clothing (this means more than one set)

Sunscreen for summer; Hat for summer time; Shoes for 8-12 months old for outside time

ANY ITEMS BROUGHT INTO THE CENTER FROM HOME NEEDS TO HAVE CHILDS NAME ON IT.