ALL ABOARD... LEARNING EXPRESS INC.
Established 1993

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EARLY CHILDHOOD EDUCATION AND JR. KINDERGARTEN PROGRAMS

Infant Care Information Form

Child Information

Child's Name: _____ Date: _____

Preferred Start Date:* _____ Nickname (if any): _____

Parent/Guardian Names: _____

Important Information

Eye Color: _____ **Hair Color:** _____ **Ethnicity:** _____ **Gender:** _____

Identifying Marks (if any):

Known Allergies & Reactions:

Special Services, Supports, or Accommodations Needed:
(Please list anything that differs from our daily routines or program.)

Developmental History

Age (in months) when your child began:

- Sitting: _____
- Crawling: _____
- Standing: _____
- Walking with support: _____
- Walking independently: _____
- Cooing: _____
- Babbling: _____
- Saying audible words: _____
- Using 2–3 simple sentences: _____

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National Association for the Education of Young Children

Developmental Concerns:

How does your child communicate their needs?

Nutrition Practices & Routines

How is your child fed?

☐ Bottle ☐ Sippy Cup ☐ Cup

Feeding Details

Item	Brand/Type	Amount per Serving	Preferred Times
Formula or Milk			
Breast Milk			
Juice			
Table Foods			

If exclusively breastfed, please describe your daily routine:

Dietary Restrictions:

Have solid foods been introduced? _____

Child eats with: ☐ Spoon ☐ Fork ☐ Fingers

Child is fed in: ☐ Highchair ☐ In arms ☐ Other (explain): _____

Additional Nutrition Information:

Sleeping Routines

Pre-nap routines (what helps your child settle?):

Number of naps per day: _____

Typical nap times:

- From _____ **to** _____
- From _____ **to** _____
- From _____ **to** _____
- From _____ **to** _____

Preferred sleeping position: _____

Can your child roll over? ☐ Yes ☐ No

What does your child sleep in at home? ☐ Crib ☐ Bassinet ☐ Bed

Does your child use a sleep sack? ☐ Yes ☐ No

Waking routine:

Special Sleeping Concerns:

Comforting Your Child

Preferred holding position:

Security object: __
What does your child call this object? __

Does your child use a pacifier? ☐ Yes ☐ No

Additional information for staff:

Parent/Guardian Acknowledgment

Parent/Guardian Legal Name: _____ **Relationship to Child:** _____

Signature: _____ **Date:** __

Changes _____ **Initials:** _____ **Date:** _____