

YWCA McCaskey Child Development Center
Infant Questionnaire (if applicable)

To be completed @ enrollment, 3 months, 6 months, 9 months, and 1 year of age

Child's Name: _____ Birthdate: _____

Feeding Routine:

	Time	Kind of Food	How much?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Bottle Information:

1. Is your child breastfed? Yes _____ No _____
2. If yes, is your child familiar with a bottle? Yes _____ No _____
3. Child was weaned from the breast at _____ months.
4. Does your child hold his/ her bottle? Yes _____ No _____
5. Does your child take bottle warmed? Yes _____ No _____
6. Child normally drinks _____ ounces at one feeding.
7. Child normally burps after _____ ounces.
8. Child drinks _____ (kind of milk, formula, juice)

Food Information:

1. Child eats: strained baby food _____ junior food _____
finger foods _____ table food _____
2. Child feeds himself/herself: _____ waits to be fed _____
3. Child drinks from a cup with help: _____ alone _____
4. Child uses the following utensils: _____
5. Child especially likes the following foods: _____
6. Child dislikes the following foods: _____
7. Child is allergic to the following foods: _____
8. In what ways does your child let you know when he/she is done eating?

Napping Routine: _____ Time: _____ Length: _____

My child naps.....

Please describe your child's napping routines:

1. My child sleeps with a special toy _____ blanket _____ pacifier _____
2. When fussy, child responds best to: _____
3. What do you give your child for teething?: _____

Diapering Procedure:

1. My child uses these kind of diapers: _____
2. When my child has a diaper rash, I use (cream, etc. please specify)

Physical Development:

1. Child can sit alone _____ sit supported _____
2. Child can walk alone _____ walk supported _____
3. I think my child should be able to start crawling by _____ months.
4. I think my child should be able to walk by _____ months.
5. I think my child should stop using a comfort item (pacifier, bottle to sleep) by _____ months.

Below, please provide any other information that may be helpful in making your child feel more secure and happy: