



# Robert J. Wilf Preschool & Kindergarten @ the Kaiserman JCC

## Infant Questionnaire

Child's full name: \_\_\_\_\_

First name you prefer your child to be called (if different from above): \_\_\_\_\_

List child's siblings by name, age (and/or other members of household besides parents): \_\_\_\_\_

Are parents separated or divorced?  Yes  No If yes, describe custody arrangements: \_\_\_\_\_

Occupation: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Religion: Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Child \_\_\_\_\_

Does your child: Drink from a bottle?  Yes  No Hold their own bottle?  Yes  No

Bottle given:  Room temp.  Heated  Cold  Formula  Breast milk  Regular milk

What is your child's feeding schedule? \_\_\_\_\_

Does your child: Drink from a cup?  Yes  No Use a spoon?  Yes  No

Does your child have any food allergies?  Yes  No If yes, explain \_\_\_\_\_

Does your child:  Roll?  Crawl?  Stand?  Walk?

Time of AM nap: \_\_\_\_\_ Length of nap: \_\_\_\_\_ Time of PM nap: \_\_\_\_\_ Length of nap: \_\_\_\_\_

How do you put your child to sleep? \_\_\_\_\_

Does your child need something special to help them fall asleep (ex. pacifier)?  Yes  No

If yes, explain: \_\_\_\_\_

Is your child a:  Light sleeper?  Sound sleeper?  Restless sleeper?

How does your child react to separation from parents, new people/situations (ex. cries, is calm)? \_\_\_\_\_

Is there anything else you think we should know about you or your child? \_\_\_\_\_