



# INFANT REGISTRATION FORM

DATE OF ADMISSION: \_\_\_\_\_

## GENERAL INFORMATION

Child's Name: \_\_\_\_\_  
Last First Middle

The name your child is called: \_\_\_\_\_  
(Nickname or shortened form)

Child's Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of birth: \_\_\_\_\_

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## FAMILY INFORMATION

	Mother	Father
Full Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Employer:	_____	_____
Work Address:	_____	_____
Phone:	_____	_____
Marital Status:	_____	_____

If parents are separated or divorced, are there special custody arrangements that we need to know?  
\_\_\_\_\_

Names and birth dates of other children in the family.  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone else live with your family besides parents and children? \_\_\_\_\_  
\_\_\_\_\_

Languages spoken in your home \_\_\_\_\_

## **DEVELOPMENTAL HISTORY**

Type of birth: Normal ( ) Premature ( ) Any Complications? \_\_\_\_\_

Age of Walking \_\_\_\_\_ Talking \_\_\_\_\_

Does your child speak words \_\_\_\_\_ Sentences \_\_\_\_\_

Any difficulties with Speaking? \_\_\_\_\_

Are there any development traits or problems concerning your child that we should know about?

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## **HEALTH**

What illnesses has your child had? (Give approximate dates)

_____	Chicken pox	_____	Measles
_____	Ear Infection	_____	other (specify)
_____	Diabetes	_____	Scarlet Fever

Any known allergies? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_

Does any members of your household have any health problem that caused concern for your child?

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If there any other information which might help us understands your child's health? \_\_\_\_\_

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Does child have frequent ear infection? \_\_\_\_\_

## **SOCIAL RELATIONSHIPS/INTERESTS**

List other group experiences your child has had (other, schools, Sunday School, lessons, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Does your child have any special friends? If so, list their names and ages. \_\_\_\_\_

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Favorite toys and activities at home? \_\_\_\_\_

What activities does your child seem to dislike? \_\_\_\_\_

What makes your child upset? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

How does your child react to your leaving? \_\_\_\_\_

What else could you tell us about your child that would be significant in understanding him/her?

\_\_\_\_\_

### **PARENTS ATTITUDES AND INTERESTED**

Describe how you would handle your child when he/she is doing something that you do not approve of

\_\_\_\_\_  
\_\_\_\_\_

What kinds of things do you enjoy doing with your child? \_\_\_\_\_

\_\_\_\_\_

What do you see as your child strengths and abilities? \_\_\_\_\_

In what way can we help your child? \_\_\_\_\_

Have child had previous day care? \_\_\_\_\_

Where: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Dates: \_\_\_\_\_

Signature (s) of person (s) responsible for child

\_\_\_\_\_  
\_\_\_\_\_