

PARENT QUESTIONNAIRE FOR INFANTS
ENROLLING AT HUTCH KIDS CHILD CARE



Child's Name _____	Date of Birth _____
Days of the Week in Attendance _____	Typical Hours _____
Parent Name _____	Work Phone _____
Parent Name _____	Work Phone _____
Which parent should we contact first? _____	

Eating:

How often does your child eat? _____

How much does your child typically eat in one serving? _____

Does your child drink formula?, breast milk? _____

Will your child be nursed while at Hutch Kids? _____

What is the best way to burp your child? _____

What does your child do to indicate hunger? _____

Sleeping:

How do you put your child to sleep? _____

How often does your child sleep during the day and for how long? _____

Does your child use a pacifier at nap time? _____

Does he/she use it at other times of the day? _____

How does your child indicate tiredness? _____

Diapering:

Does your child wear cloth or disposable diapers at home? _____

Will your child cry/fuss when he/she needs a fresh diaper? _____

Other:

What is the best way to soothe or comfort your child? _____

What are your child's favorite toys/activities? _____

Please list any medications your child is currently taking. If none, mark "none." _____

Other comments? _____

