firefly
FAMILY COLLECTIVE

REQUIRED · UNDER 36 MONTHS

Infant & Toddler Information

Oregon DELC PR-0184 · use with the Child Enrollment Form

✦ABOUT YOUR CHILD

CHILD'S NAME

NICKNAME

BIRTHDATE

CURRENT AGE

DATE FILLED OUT BY PARENT

NAME OF PARENT(S)

✦INDIVIDUAL INTERESTS

DOES YOUR CHILD SAY ANY WORDS? WHAT DO THEY MEAN?

WHAT ARE YOUR CHILD'S FAVORITE GAMES, TOYS AND THINGS TO DO?

ANYTHING ELSE THAT MIGHT BE IMPORTANT OR HELPFUL FOR CAREGIVERS TO KNOW?

ANY PETS IN YOUR HOME? IF YES, WHAT KIND?

✦A TYPICAL DAY

Tell us roughly what your child's day looks like at home — feeds, naps, play, diaper changes, anything with a rhythm to it.

7:00	
8:00	
9:00	
10:00	
11:00	
12:00	
1:00	
2:00	
3:00	
4:00	
5:00	

Sleep

ANY SPECIAL SLEEPING ROUTINES?

Does your baby like to be rocked? ☐ **Yes** ☐ **No**

Is your baby always put on their back to sleep? ☐ **Yes** ☐ **No**

WHEN DOES YOUR BABY USUALLY SLEEP?

HOW LONG IS A TYPICAL SLEEP PERIOD?

✦LIQUIDS

YOUR CHILD DRINKS FROM

☐ Cup ☐ Bottle ☐ Parent on-site

MILK

☐ Formula ☐ Whole milk ☐ Skim ☐ Breast milk ☐ Other

BRAND

AMOUNT / SERVING SIZE

TYPE

☐ Powder ☐ Ready to feed

TEMPERATURE

☐ Heated ☐ Room temp ☐ Cool

JUICE

☐ Apple ☐ Orange ☐ Apricot ☐ Grape ☐ Peach ☐ Pineapple

ANY OTHER LIQUIDS?

AMOUNT

HOW OFTEN

✦FOODS

WHAT DOES YOUR CHILD EAT?

☐ Baby food ☐ Table / finger foods

TYPES AND AMOUNTS

Please send bottles, formula or breast milk labeled with your child's full name and the date. We'll follow your schedule as closely as we can, and we'll always tell you what and when your child ate that day.

Parent or guardian

SIGNATURE

DATE