Polliwog/Dragonfly Information Form

CHILD'S INFORMATION

First Name	Middle Name	Last Name	Nickname

Date of Birth	Age	Gender ☐ Female ☐ Male	Child's primary language	Parent/Guardian's primary language

DEVELOPMENTAL HISTORY

At what age did your child begin:

Sitting: Crawling:

Walking: Talking:

Language:

☐ Sounds ☐ Words ☐ Simple sentences

What special words does your child use to describe needs?

your child able to:

☐ Sit up alone ☐ Crawl ☐ Walk holding on ☐ Walk without support

Additional information you would like Lily Pad to know:

MEALS

Current feeding schedule:

Food types:

☐ Breast milk ☐ Formula ☐ Strained ☐ Junior ☐ Table Milk type:

When eating child is:

☐ Held in lap ☐ in highchair ☐ other- please specify

Feeds self

☐ Yes ☐ No If yes, uses: ☐ spoon ☐ fork ☐ hands

Special feeding problems:

☐ Yes ☐ No If yes, please specify:

Food allergies:

☐ Yes ☐ No If yes, please specify:

COMFORTING

Does child have a fussy time?

☐ Yes ☐ No If yes, please specify time:

☐ Binky ☐ Lovey

Child likes to be:

☐ Held ☐ Rocked ☐ Sung to ☐ Read to ☐ Other- please specify

Special things you say or do to comfort your child:

SLEEP

Current sleep schedule:

Falls asleep easily:
☐ Yes ☐ No

General mood upon awakening- please describe:

Takes favorite toy(s) to bed- child over 1 year
☐ Yes ☐ No If yes, please list toy(s): ☐ Binky ☐ Lovey

Sleep position- child under age 1
Note: Children under age 1 must be placed to sleep on their back unless a written statement from the child's physician is attached.
Back for children under 1 ☐ Side or stomach (physician statement attached)

DIAPERING AND TOILETING

Plastic pants used:
☐ Always ☐ Never ☐ Sometimes If sometimes, please specify:

Highly sensitive skin:
☐ Yes ☐ No

Frequent diaper rash:
☐ Yes ☐ No

Cream, powders, used:

SELF EXPRESSION AND SOCIAL RELATIONSHIPS

How does your child express feelings of happiness, joy, etc.?

What causes your child to feel angry, frustrated or frightens?

How does your child respond to new people and experiences?