



Shine On

## Infant/Toddler Information Page

---

Information that you provide will help us learn a little about your child to help ease the transition period. Our goal is to make you and your child feel comfortable. Should you have any questions please feel free to speak to your child's Educator or Child Care Supervisor. Thank you for choosing the YMCA of Northeastern Ontario Child Care Services.

Hello, my **name** is: \_\_\_\_\_ and my **birthday** is: \_\_\_\_\_

All about my family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have a **pet**: \_\_\_\_\_ whose **name** is: \_\_\_\_\_

Things **I like to do**: \_\_\_\_\_

My favorite **toys/games**: \_\_\_\_\_

Things that **scare** me: \_\_\_\_\_

To help cheer me up **when I am upset** my caregivers will: \_\_\_\_\_

**Eating** routine: I am on formula: \_\_\_\_\_ Table food: \_\_\_\_\_

I **drink** from a:  Bottle  Sippy Cup  Regular Cup I can use **utensils**:  Yes  No

**Food** I really like: \_\_\_\_\_ Food I **don't** like: \_\_\_\_\_

**Times I eat**: Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Supper: \_\_\_\_\_

When I have a **bottle**, I drink: \_\_\_\_\_ (oz.) **At**: \_\_\_\_\_ (times)

Cereal I eat: \_\_\_\_\_ (amount)

I go down for a **nap** at: \_\_\_\_\_

When I go down for naps, I like:  to be rocked  to go to sleep on my own

### Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Shine On

**Special Feeding Instructions:**

Bottles:
Morning Snack:
Lunch:
Afternoon Snack:
Additional Food or Drinks:

**Introduction to Solid Foods for Children Under 12 Months:**

Name of Solid Food	Date Introduced	Name of Solid Food	Date Introduced

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_