

**Christian Learning Center**  
At First Baptist Church

1717 4<sup>th</sup> Ave.  
PO Box 1264  
Canyon, TX 79015  
(806)655-3246

Director: Shannon Lenerose  
[clc@christianlearningcenter-canyon.com](mailto:clc@christianlearningcenter-canyon.com)

## Getting To Know Your Infant

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Pre-Mature Birth \_\_\_\_\_ or Full-Term \_\_\_\_\_ Child's Birth Weight: \_\_\_\_\_

Child's General Mood: Are they mostly happy, fussy, colicky, etc. \_\_\_\_\_

Has child stayed with anyone else besides parents? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Is child bottle or breast-fed? \_\_\_\_\_ If both, what schedule are you using? \_\_\_\_\_

How do you give bottle, room temp, warmed, or cold? \_\_\_\_\_

Does your child hold his/her own bottle? \_\_\_\_\_

Is your child on formula or milk? \_\_\_\_\_ What kind of milk or formula do you use? \_\_\_\_\_

Do you give your child baby cereal? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Do you give your child strained or other baby foods? \_\_\_\_\_ If yes, please list the varieties of food you give: \_\_\_\_\_

Food likes: \_\_\_\_\_ Food dislikes: \_\_\_\_\_

List amounts of food, types of food, and times your child usually eats below:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snack \_\_\_\_\_

Will your child have a bottle or be breast fed before arriving? \_\_\_\_\_

Will your child need to be served breakfast? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

Does your child need a special comfort to sleep with? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_

If not, how often do they wake and what do you do when they wake—feed, rock, change, etc.? \_\_\_\_\_

When does your child usually wake in the morning? \_\_\_\_\_

When does your child usually nap? \_\_\_\_\_

Please list any other important information or special instructions on the care of your child below: \_\_\_\_\_

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**ABOUT OUR FAMILY:**

	Mom	Dad	Step-parent/Other
Name:	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____

What relatives live close by? \_\_\_\_\_

Three wishes I have for my child are: 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

Please list past child-care arrangements and your child's reaction and adjustment to the setting:

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Why do you want your child in a child-care setting at this time? \_\_\_\_\_

How does your child customarily react when separating from you? \_\_\_\_\_

Why did you choose our center? \_\_\_\_\_

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**Please circle responses:**

- Yes/no      There has been a divorce in our family. My child has contact with the non-custodial parent \_\_\_\_\_ times per month.
- Yes/no      There are restrictions with the non-custodial parent of which the school should be aware of. Please explain: \_\_\_\_\_  
\_\_\_\_\_
- Yes/no      We have moved since our child was born. List places: \_\_\_\_\_  
\_\_\_\_\_
- Yes /no      Our family includes a pet. Type & name of pet: \_\_\_\_\_
- Yes/no      We would be willing to share our hobby/talent/career with the class.  
Please list:  
Mom: \_\_\_\_\_ Dad: \_\_\_\_\_  
Grandparent: \_\_\_\_\_ Other: \_\_\_\_\_
- Yes/no      We are interested in volunteering for special events at the CLC. (Circle)  
Class parties              Field trips              Picture Day  
Christmas/End of year programs
- Yes/no      I have a special skill/talent/career that I would like use to help the CLC in some way (crafting, sewing, constructing, etc.): \_\_\_\_\_  
\_\_\_\_\_
- Yes/no      Our family speaks English at home. List other languages spoken: \_\_\_\_\_  
\_\_\_\_\_
- Yes/no      We are members of a church or attend church regularly. If yes, what church do you attend? \_\_\_\_\_
- Yes/no      We would like to receive information on First Baptist Church.

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