



GORTON CHILDREN'S
**LEARNING
CENTER**

INFANT INFORMATION FORM

Child name: _____

Date: _____ Re-Evaluation Date: _____

Parent/Guardian Signature: _____

Child's Schedule:

Eating

Times: _____

Amount: _____

Formula/Breastmilk/ Food: _____

Bottle/Food Heated or given cold: _____

Sleeping

Times: _____

Routines: _____

How they sleep: _____

Additional Information

Cream or Ointment needed: _____

**A topical ointment authorization form must be filled out and signed prior to application for all topical creams/ointments.*

Are there any recent changes in the family routine or environment that may affect your child?

Yes _____ No _____

If yes, please specify:

Are there any indications of developmental, vision, hearing, or speech delays?

Yes _____ No _____

If yes, please specify:

Is there anything else we should know about your child?

Yes _____ No _____

If yes, please specify:

Please list any known allergies: _____

Please list any dietary restrictions: _____

Language other than English spoken in the home: _____