

GETTING TO KNOW YOUR INFANT



Please fill out this form for your baby ages 0 to 18 months. It will assist STAFF to know your baby better. Thank you ☺

Child's Name: _____ Child's Date of Birth: _____

Child's General Mood: Are they mostly Happy, fussy, colicky, what? _____

Is child Bottle or breast-fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle, room temp, warmed, cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? _____

Is child on formula or milk? _____ What kind of milk or formula do you use? _____

Is child on baby cereal? _____

Is child on strained or other baby foods? _____

Food likes: _____ Food dislikes: _____

How does your child sit at the table (high-chair, booster seat, etc.)? _____

Does your child have a special diet? _____

Are there any foods your child should not be fed? _____

Will your child have a bottle or breast fed before arriving? _____

Will your child need breakfast? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____. What is it? _____

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 wake in the morning? _____

When does your child nap morning? _____ Afternoon? _____

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

Signature _____ Relationship to Child _____ Date _____