

GETTING TO KNOW YOUR INFANT

Please fill out this form for your child ages 0 to 18 months. It will help me get to know your child better. Thank you!

Child's Name: _____

Drop off/pickup times _____

Child's Date of Birth: _____

____ Pre-Mature Birth ____ Full-Term

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

Allergies? If so what _____

Has your child stayed with anyone else besides parents? _____

If so who? _____

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

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

Does your child hold his or her own bottle?

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

Is your child on baby cereal? _____ List the kinds you use:

Is your child eating baby foods? _____

List the types of foods _____

If your child eats regular table food's what do they like?:

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 breakfast?

Does your child use a pacifier? _____ When?

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:
