

ALL ABOUT MY



Please tell us more about your baby and his/her everyday routines.

Child's Name: _____

Does your child drink breast milk or formula? _____

If formula, what kind? _____

Any dietary restrictions? _____

What temperature does he/she like a bottle?

Warm (body temp) Room Temp Cold Other _____

Bottle Feeding Schedule (ex: every 2 hours, on demand, etc.)? _____

Can he/she sleep past their feeding time? Yes No

If yes, how long past their bottle time can they sleep? _____

If no, any special instructions on how to wake them for their feeding?

Does he/she eat solids? _____

If yes, please tell us what and how often they are eating solids.

Does he/she take a pacifier? _____

If yes, when and are there any rules or specific directions as to when he/she may have it? _____

Child's Name: _____

Does your child have any comforting items such as blankets, toys, stuffed animals, etc. that he/she uses? _____

Nap Schedule (ex: after every feeding, when appears tired, etc.): _____

What are some telltale signs that your child is getting tired? (Ex: tugging on strands of hair, pulling ears, "singing", etc.) _____

Favorite Activities (ex: favorite songs, games, etc.): _____

Dislikes (ex: laying on belly, vibrating seats, etc.): _____

Are there any special words we need to know (ex; pacifier = nunu, bottle = baba, etc.):

What are the names and ages of other children in your child's family/home? _____

Does your child have any family pets? _____
If yes, what type of pets and what are their names? _____

Please tell us any other special things we should know about your child.

Child's Name: _____

This form was completed by:

Printed Name

Date

Signature

Relationship to Child

******As your child grows and develops, please make sure to update any of the above information with your child's teachers. ******

THANK YOU SO MUCH FOR ENTRUSTING US WITH THE CARE OF YOUR CHILD.
WE ARE LOOKING FORWARD TO GETTING TO KNOW YOUR BABY!

WE  OUR LITTLE CRUSADERS!