

Getting to know your *Infant*

Child's Name: _____

NUTRITION PRACTICES AND ROUTINES

How is your child fed? Check all that apply: Breast Bottle Cup Food

In the corresponding row, provide your child's feeding details.

	Brand/Style	Amount	Preferred time given
Formula/Milk			
Breast Milk			
Water			
Snacks			
Food			

List special dietary requests and restrictions:

Have solid foods been introduced? If so, please identify:

Food likes and eating preferences:

My child can eat with: Spoon Fork Fingers

SLEEPING ROUTINES

At home my child sleeps in (Check all that apply): Bassinet Crib Bed

My child likes to nap these ways at home:

Preferred sleep position:

How to best get them to sleep:

How often does your child/ do you like your child to nap?

Should we wake your baby to feed them?

This information was last updated on: _____

Child's Name _____

SOMETHING ABOUT MY CHILD

How does your child like to be comforted?

Does your child use a pacifier? Yes No

Has your child had any previous experience with group care?

If your child is part-time, where do they spend the rest of the week? (Optional)

What are you child's favorite toys?

What are some goals for your child to reach in childcare?

Any additional information:
