

## Get to Know You Form - Infants

In our infant room, we like to get to know your baby's schedule from home. We feed and nap on demand, so knowing a little about his/her schedule at home helps us keep him/her in that same routine.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have a nickname?  Yes  No If yes, what? \_\_\_\_\_

### **FAMILY** – List names and ages of brothers and sisters

\_\_\_\_\_  
\_\_\_\_\_

What language is regularly spoken in your home? \_\_\_\_\_

Does your child have pets?  Yes  No If yes, what kind? \_\_\_\_\_

### **NUTRITION**

Is your child breast-fed?  Yes  No If yes, do you plan to continue to breast feed?  Yes  No

If yes, how do you plan to carry this out? \_\_\_\_\_

Have you introduced a bottle to your child before?  Yes  No

Please outline you child's feeding schedule below:

Liquid/Food	Type	Amount	Times
Formula			
Breast Milk			
Baby Food			
Table Food			
Other - Specify			

Does your child have any food sensitivities or allergies?  Yes  No

If yes, please specify: \_\_\_\_\_

**SLEEP**

Describe your child's sleep routine. Please include morning wake up time, nap times, length of naps, and method of putting your child to sleep.

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**DIAPERING**

Is there any special diapering methods? (cornstarch, creams?) \_\_\_\_\_

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**SOCIAL/EMOTIONAL DEVELOPMENT**

Describe your child's temperament (i.e. colic, likes to cuddle, etc) \_\_\_\_\_

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Does your child have a favorite toy, blanket or soother?  Yes  No

Please identify: \_\_\_\_\_

Does your child spend time with other children?  Yes  No

If yes, please comment: (who, when, how much time) \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for him/her (for example, soothing techniques, etc)

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Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_