



ALL ABOUT MY BABY

Child's Name: _____ Date: _____

Please share some feeding information for your child's caregiver.

Does this child take a bottle? Yes () No () Should the bottle be warmed? Yes () No ()

Does the child hold his/her own bottle? Yes () No () Does the child feed his/herself? Yes () No ()

Does the child eat? Strained foods () Formula () Baby foods () Whole milk () Table foods () other ()

Type of formula: _____ Amount of formula: _____

Updated amounts of formula to be given: _____

Food likes: _____ Food dislikes: _____

Allergies (which include premixed formula) _____

Note any types of commercial premixed formula which, due to allergies, may NOT be used in an emergency:

Instructions for introducing solid foods: _____

Any updated instructions for adding new foods or other dietary changes. List as needed:

How do you offer comfort to your child?

Does the child take a pacifier? YES () NO () When? _____

How do you get your baby to go to sleep?

Does the child need a special blanket, stuffed animal, etc. to sleep? YES () NO ()

Describe/Name: _____

What is a typical day like for your baby?

CHILD'S SCHEDULE Approx Time Type & Amount of Food

Breakfast _____

Lunch _____

Dinner _____

Morning Nap _____

Afternoon Nap _____

How can we partner with you to meet the cultural needs of your family? _____

What do you wish for your child's experience to be like at our center? _____

Thanks for sharing your precious little one with us. We look forward to a great partnership for a nurturing, rich educational experience.

Parent Signature: _____ Date: _____

NOTE: INFANT INFORMATION SHEET SHOULD BE UPDATED BI-MONTHLY BY PARENT.