



Infant Information

Child's File / Classroom

Baby's Name: _____ Sex: () M () F DOB: ___/___/___

Is your baby: () bottle-fed () breastfed How often?: _____

Number of bottles I will be giving the baby each day? (estimate): _____

How many ounces? _____ How does he/she drink it? () warm () cold

How do you heat the bottle? () stove () microwave () crockpot

Name of formula given: _____

Will you be bringing the bottles ready made, or will I need to make them? _____

Any special feeding instructions: _____

Does the baby need to stop feeding to burp, be changed, etc.? () Yes () No

Is the baby on a schedule? () Yes () No If so, please specify: _____

Does the baby drink juice, eat cereal, or any other solid food? () Yes () No

If so, please specify: _____

Do you allow the baby to have a binkie (pacifier)? () Yes () No

If so when?: () just at bedtime () just when fussy () anytime

Has baby been exposed to other children often? () Yes () No

Are any medications given regularly?: _____

Have you made any arrangement for care when I am unable? () Yes () No

What time does the baby awaken in the morning?: _____

What time does your baby go to sleep at night?: _____

Does he/she sleep through the night? () Yes () No

Any security toy or blanket for nap time? () Yes () No What?: _____

Does your child have any security objects that help him/her feel better when upset? _____

Are there any siblings? Please name them and specify age & gender.

Name: _____ Age: _____ Sex: () M () F

Name: _____ Age: _____ Sex: () M () F

By signing this form, you verify that all of the information provided is correct to the best of your knowledge.

| | |
|-----------------------------|------|
| Father/Guardian's Signature | Date |
| Mother/Guardian's Signature | Date |