



Infant Getting to Know you Form

Child's Name: _____ Birth Date: _____

Arrival

What time will you usually arrive at the center?

What will help you and your baby say good-bye to each other in the morning?

Diapering

What type of diapers do you use?

Are there any special instructions for diaper changes?

Sleeping

How will we know that your baby is tired and needs to sleep?

When does your baby usually sleep? For how long does he or she usually sleep?

What helps your baby to fall asleep?

We put babies on their backs. Is your baby used to sleeping on his or her back?
_____ Yes _____ No

How does your baby wake up? Does he or she wake up quickly or slowly?

Does your baby like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?

What type of atmosphere does your baby need to sleep in? (Quiet, No Noise, With Music, Being Rocked , Etc.)

Meal Habits

Are you breast feeding or bottle feeding your baby?

If breast feeding, will you come to the center to breast feed: _____ Yes _____ No
If so, at what time? If not, will you send expressed breast milk?

What kind of formula do you use?

How do you prepare the bottle?

How much do you prepare at one time?

How much does your baby drink at one time?

Does your baby drink bottles of water during the day? ____ Yes ____ No If so, when and how much?

Does your baby eat cereal? ____ Yes ____ No

Does your baby eat jar food? ____ Yes ____ No

Is your baby eating solid foods? ____ Yes ____ No

If so, which ones? When? How do you prepare your baby's solid foods?

How much does your baby eat at one time?

How is your baby used to being fed (in what position)?

Does your baby eat any finger foods? If so, which ones?

What is your baby's feeding schedule?

Awake Time

How does your baby like to be held?

What position does your baby prefer when awake?

What does your baby like to do when awake?

How do you play with your baby?

General Health Questions

Any special needs (medical, developmental, social)?

Yes _____ No _____

Do any of these special needs require special care by our Teaching Staff? Yes _____ No _____

Does your baby have any allergies? _____ Yes _____ No

Food Allergies _____ Yes _____ No

Environmental Allergies _____ Yes _____ No

Allergies to Medication _____ Yes _____ No

How are your baby's allergies treated?

Is your baby prone to getting easily sick? _____ Yes _____ No

Is there any other information about your baby's health that you would like to share?

Other Habits

Is your baby attached to a toy, blanket or has a favorite object? Yes _____
No _____

Is your baby mobile already? _____ Yes _____ No

Departure What time will you usually come to pick up your baby?

What will help you and your baby say "hello" to each other at the end of the day?

Is there any information that will help us make the first few days in our program easier for you and your baby?

Parent/Guardian Signature _____ Date _____