

GETTING TO KNOW YOUR INFANT

Child's Name: _____ Child's Date of Birth: _____
____ Pre-Mature Birth ____ Full-Term Child's Birth Weight: _____ Home birth or Hospital

Child's General Mood: Are they mostly Happy, fussy, colicky, what? _____

Has child stayed with anyone else besides parents? _____ If so who? _____

Is child Bottle or breast-fed? _____ If using both, when do you use bottle vs. breast? _____

How do you give bottle, room temp, warmed, cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? _____

Is child on formula or milk? _____ What kind of milk or formula do you use? _____

How frequent are bottles given? _____ How many ounces usually given at each feeding? _____

Is child on baby cereal? _____ List the kinds you use: _____

Is child on strained or other baby foods? _____ List the varieties you use fruits veggies etc: _____

Food likes: _____ Food Dislikes: _____

List amounts of food, types of food and times your child usually eats below:

Breakfast _____

Lunch _____

Snack _____

Will your child have a bottle or breast fed before arriving? _____

Will your child need breakfast? _____

Does your child use a pacifier? _____ When? _____

Does your child need a special comfort item to sleep with? _____ What is it? _____

Does your child sleep through the night? _____ IF not how often do they wake and what do you do when they wake - feed, rock change etc ? _____

When does your child wake in the morning? _____

When does your child nap morning? _____ Afternoon? _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____ Date _____

COUNTRY DAYCARE

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