

Introduce Us to Your Baby

Baby's Name: _____ Nickname: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Siblings' Names and Ages: _____

SLEEPING PATTERNS:

1. How does your baby show you he or she is ready for sleep?

2. How do you prepare your baby for nap? (swaddle, rocking, swinging, etc.)

3. How often and length of time does your baby nap?

4. Does your baby take a pacifier? _____ Type: _____

EATING PATTERNS:

1. Name of formula currently using? _____

2. Are you currently breast feeding? _____

3. Do you wish for your baby to be fed on demand or on a schedule? _____

4. How does your baby indicate he or she is hungry? _____

5. Are there any eating difficulties? _____

6. Has your baby started cereal? If yes, how often and how much? _____

7. Does your baby have any known allergies? _____

HEALTH PATTERNS:

1. How frequently does your baby eliminate bowel movement stools? _____
2. What is the usual color or consistency of the stool? _____
3. Does your baby regularly take medication? _____ If yes, please indicate the type, amount and time given: _____
4. Are there any health issues we need to be aware of while he or she is in our care? _____
5. At what age did your child begin: creeping? _____ crawling? _____ walking? _____
6. Describe your baby's teething symptoms: _____

MORE INFO...

Is there any other information you would like to share that will help us get acquainted with your baby?

Days your baby will attend: Monday Tuesday Wednesday Thursday Friday

Time your baby will typically arrive: _____ depart: _____

Parent/Guardian Signature: _____

To assist us with a smooth transition, we would appreciate this form being returned prior to your start date.