

Baby Information

Child's Name: _____ Date: _____

Child's Birthday: _____ Siblings: _____

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

Feedings:

Does your baby take the bottle? Yes _____ No _____

How does he/she take the bottle? Warm _____ Cold _____

How often? _____

What type of milk does your baby drink? _____

Formula _____ Soy Formula _____ Breast Milk _____ Whole Milk _____

**** All bottles are warmed in the slow cooker with warm water. Not the microwave.**

Is your baby eating jar foods? Yes _____ No _____

What types? Fruits _____ Vegetables _____ Meats _____

Is your baby eating solid foods? Yes _____ No _____

**** Be sure to pick up a copy of the lunch menu in the front office the 1st of each month**

What does your baby like to eat? _____

**** Please note that teething biscuits are NOT allowed in our center due to the risk of choking.**

Sleeping:

How many a.m. naps does your baby take? _____

How long does your baby usually sleep? _____

How many p.m. naps does your baby take? _____

How long does your baby usually sleep? _____

Does your baby have a nap time routine? Yes _____ No _____

What is it? _____

**** Our center promotes the baby sleeping on their back til the child is mobile and able to roll over.**

Health:

Does your baby have any health problems that are continuous? Please list.

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

Parent's Signature _____

Date _____