

Date _____

Child's Legal Name _____ Nickname _____

Birth date _____ Gender _____

Address _____

Siblings _____

Parent Information

Mother's Name _____

Address (If different) _____

Father's Name _____

Address (If different) _____

Marital Status _____

Custody/Visiting Arrangements _____

How do you comfort your child at home when they are upset?

Does your child use a pacifier? _____ If so When? _____

What techniques do you use at home when putting your child to sleep?

Is your child breast fed, bottle fed, or both?

What temperature does your child prefer their bottles?

What is your child's current feeding schedule?

Time: _____

Amount: _____

Time: _____

Amount: _____

Time: _____

Amount: _____

Time: _____

Amount: _____

Time: _____

Amount: _____

How often does your child spit up?

How often during a feeding does your child need to be burped?

How frequently does your child have a bowel movement?

What type of care settings has your child previously been involved in?

Please describe any allergies or special needs your child may have:

Is there any additional information that can help us better care for your child?
