

**Infant Information**

Child's name	Date				
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Who is filling this form out?

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1. Does your child drink formula, breastmilk, or a combination?  No  Yes \_\_\_\_\_
2. Does your child use a bottle?  No  Yes Explain \_\_\_\_\_
3. Is your child on a feeding schedule?  No  Yes Explain (solid, open cup) \_\_\_\_\_
4. Does your child use a pacifier?  No  Yes, when \_\_\_\_\_
5. How many naps does your child take? \_\_\_\_\_ How long? And What times? How does your child fall asleep? \_\_\_\_\_
6. Does your child have a special toy or blanket for nap? (we cannot put anything in cribs)  No  Yes Explain \_\_\_\_\_
7. Does your child have any special diapering needs? (Cloth, frequent rashes, etc..)  No  Yes Explain \_\_\_\_\_
8. How does your child express anger or frustration? \_\_\_\_\_
9. Does your child have a preferred way to be held?  No  Yes Explain \_\_\_\_\_
10. Any special family situations? (Custody specifications?  Yes  No Explain \_\_\_\_\_
11. What are your child's favorite toys or activities? \_\_\_\_\_
12. Does your child have any special fears?  Yes  No Explain \_\_\_\_\_
13. Anticipated adjustment problems?  No  Yes Explain \_\_\_\_\_
14. List any of your child's special needs. \_\_\_\_\_
15. Previous childcare that your child has attended and any problems? \_\_\_\_\_
16. Do you have any religious beliefs that would affect your child's care?  No  Yes Explain \_\_\_\_\_
17. Expectations of Suzy's Little Peanuts? \_\_\_\_\_

If your child has a predictable routine please include a copy of it.

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Other Comments

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