

Infant Information Form

Your baby deserves individualized care based on familiar routines, and you deserve peace of mind. We know that these routines change as an infant grows, so consider this as simply a starting point for my relationship with your infant.

Child:

Date of Birth:

Date:

Nickname:

Allergies:

Baby's family members:

Baby's favorite toys and activities:

How does your baby like to be held?

Special Instructions for Diapering:

Diapers will be checked and changed at the least every two - three hours.

Sleeping Preferences: *Based on the latest SIDS research I will always put babies to sleep on their backs and check them every 15 minutes while they sleep.*

Is your baby used to sleeping on his or her back? Y / N Pacifier? Y / N Special Blanket? Y / N

What helps your baby to fall asleep?

When your baby wakes, does he/she prefer to... cuddle / snack / other _____?

Current napping schedule:

Additional details:

Eating Preferences:

Are you breast-feeding / bottle-feeding your baby?

Do you plan to drop in to breast-feed during the day? Y / N If so, what time(s)?

Please leave an extra day's supply at the childcare home for emergencies.

For bottle preparation does your baby prefer it to be warmed / room-temperature / other _____?

Is your baby eating solid foods? Y / N If so, what time(s)?

Additional details:

Is there anything else you would like me to know?