

# Getting to Know Your Infant

## Our Family

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Siblings and Other People Living in Our Home: \_\_\_\_\_

Language other than English spoken in our home (if any): \_\_\_\_\_

Has Your Child Attended Child Care Before? Yes No If yes, why did you leave? \_\_\_\_\_

Any other information you wish to share with us regarding your family: \_\_\_\_\_

## Health & Development

1. Please list any allergies (food, detergents, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

2. Please list any health problems (physical, mental, or emotional): \_\_\_\_\_

\_\_\_\_\_

3. Please list any serious accidents or surgeries: \_\_\_\_\_

4. Please list any medications your child is taking: \_\_\_\_\_

5. Skills my child is working on: \_\_\_\_\_

6. Please list any concerns or goals you have for/about your child's development: \_\_\_\_\_

7. How do you comfort your child? \_\_\_\_\_

8. What are your child's favorite toys? \_\_\_\_\_

## Sleeping

Nap Times: \_\_\_\_\_

Length of Naps: \_\_\_\_\_

Things/ways that help my child sleep (pacifiers, rocking, etc.): \_\_\_\_\_

## Food

Bottle Times: \_\_\_\_\_

Bottle Amount: \_\_\_\_\_

Meal Times: \_\_\_\_\_