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|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baby’s Name: | | | |  | | | | Nickname: | | | |  | | | | | | | | Date of Birth: | | | |  | | |
| Father’s Name: | | | | | |  | | | | | | Mother’s Name: | | | |  | | | | | | | | | | |
| Siblings’ Names and Ages: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **BABY’S SCHEDULE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Time | | | Indicate Food/Formula | | | | | | | | | | | | | | Time | | | | Duration of Naps | | |  | |
|  |  | | | |  | | | | | | | | | | | | | |  | | | |  | | |  | |
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|  | | 1. Name of formula currently using: | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | 1. Are you currently breastfeeding? | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | 1. What type of bottle/nipples do you use? | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | 1. Do you feed your baby water? If so, how often? | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | 1. Are there any eating difficulties? | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Has your baby started cereal? If so, how often and how much? | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Are there any allergies? | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | 1. Do you wish for baby to feed on demand? | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | 1. Does your baby take a pacifier? | | | | | | |  | | | | | | | | | | | | | | | | | |
| **SLEEPING** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. How does your baby show you he/she is ready for sleep? | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. How do you prepare your baby to sleep? | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **HEALTH** | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Does your baby regularly take medications? If so, please indicate type, amount and time it | | | | | | | | | | | | | | | | | | | | | |
|  | | it is given: | | | |  | | | | | | | | | | | | | | | | |
|  | 1. Does your baby have any health problems or handicaps? If so, please state specifically: | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |
|  | 1. At what age did your child begin creeping? | | | | | | | | | | | |  | | | Crawling? | | |  | Walking? | |  |
|  | 1. What symptoms did your baby have while teething? | | | | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Any other information we should know that will help us get acquainted with your baby? | | | | | | | | | | | | | | | | | | | | | | |
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| Baby will attend: | | | | MON | | | TUES | | | WED | THUR | | | FRI | | | | Start Date: | | |  | |
| Time baby will normally arrive: | | | | | | | | |  | | | Depart: | | |  | | | | | | | |
| Person completing interview: | | | | | | | |  | | | | | | | | | | | | | | |
| Teacher’s Signature: | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |

**\*\* In order to assure a smooth transition, this completed form must accompany baby when care is initiated. \*\***