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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 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | 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. \*\***