



Treasure House Child Development Center
Infant Family
Getting To Know You Information Form

Child's Name _____ Date of Birth _____

Arrival

What time will you usually arrive at the center? _____

What will help you and your baby say good-bye to each other in the morning? _____

Family Information

Does your child have any siblings (names and ages)? _____

Are there any custody issues that we should discuss? _____

Does your family have any pets? _____ Yes _____ No Please describe _____

Does your baby respond to any nicknames? _____ Yes _____ No Please describe _____

Does your baby have any nicknames for family members? _____ Yes _____ No Please describe _____

Is there any other information about your family's composition that you would like to share? _____ Yes _____ No

Diapering and Toileting

What type of diapers do you use? _____

How often do you change your baby's diaper? When does your baby usually need a diaper change? _____

Are there any special instructions for diaper changes? _____

Sleeping

How will we know that your baby is tired and needs to sleep? _____

When does your baby usually sleep? For how long does he or she usually sleep? _____

What helps your baby to fall asleep? _____

We put babies on their backs. Is your baby used to sleeping on his or her back? _____ Yes _____ No

How does your baby wake up? Does he or she wake up quickly or slowly? Does your baby like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held? _____



Treasure House Child Development Center
Infant Family
Getting To Know You Information Form

What type of atmosphere does your baby need to sleep in? (Quiet, No Noise, With Music, Being Rocked, Etc.)

Meal Habits

Are you breast feeding or bottle feeding your baby? _____

If breast feeding, will you come to the center to breast feed: ____ Yes ____ No

If so, at what time? _____

If not, will you send expressed breast milk? _____

Bottle Feeding

What kind of formula do you use? _____

How do you prepare the bottle? _____

How much do you prepare at one time? _____

How much does your baby drink at one time? _____

Does your baby drink bottles of water during the day? ____ Yes ____ No

If so, when and how much? _____

Does your baby eat cereal? ____ Yes ____ No _____

Does your baby eat jar food? ____ Yes ____ No _____

Is your baby eating solid foods? ____ Yes ____ No

If so, which ones? _____

When? _____

How do you prepare your baby's solid foods? _____

How much does your baby eat at one time? _____

How is your baby used to being fed (in what position)? _____

Does your baby eat any finger foods? If so, which ones? _____

What is your baby's feeding schedule? _____

Dressing

Is there anything special that we should know about dressing and undressing your child? _____

Awake Time

How does your baby like to be held? What position does your baby prefer when awake? _____

What does your baby like to do when awake? _____



Treasure House Child Development Center
Infant Family
Getting To Know You Information Form

How do you play with your baby? _____

General Health Questions

Any special needs (medical, developmental, social)? _____ Yes _____ No _____

Do any of these special needs require special care by our Teaching Staff? _____ Yes _____ No _____

Does your baby have any allergies? _____ Yes _____ No _____

Food Allergies _____ Yes _____ No _____

Environmental Allergies _____ Yes _____ No _____

Allergies to Medication _____ Yes _____ No _____

How are your baby's allergies treated? _____

Is your baby prone to getting easily sick? _____ Yes _____ No _____

Is there any other information about your baby's health that you would like to share? _____ Yes _____ No _____

Other Habits

Is your baby attached to a toy, blanket or has a favorite object? _____ Yes _____ No _____

Is your baby mobile already? _____ Yes _____ No _____

Departure

What time will you usually come to pick up your baby? _____

What will help you and your baby say "hello" to each other at the end of the day? _____

Is there any information that will help us make the first few days in our program easier for you and your baby? _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE

Program/Classroom _____

Enrollment/Start Date _____