

## Infant's Personal Information

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

### Health:

Serious illness and/or hospitalizations: \_\_\_\_\_

Special physical conditions or disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_

Regular medications: \_\_\_\_\_

### Eating Habits:

Daily feeding schedule (please include amounts, times, and solids if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Special characteristics or difficulties (if infant is on special formula please note):

\_\_\_\_\_

### Sleeping Habits:

Where does your child sleep at home? \_\_\_\_\_

What are your child's napping habits (please include when and how long)?

\_\_\_\_\_  
\_\_\_\_\_

Describe any special needs for your child's sleep (special blanket, rocking, etc.):

\_\_\_\_\_  
\_\_\_\_\_

### Diapering Habits:

Is there a frequent occurrence of diaper rash? \_\_\_\_\_

Do you use: diaper cream? \_\_\_\_\_

If so, how often (every change, once daily, etc.): \_\_\_\_\_

Please describe any particular diapering procedure to be used for your child while at Little Bear's Child Care:

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### **Social Development**

How do you describe your child? \_\_\_\_\_

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What previous experience does your child have with other children or childcare? \_\_\_\_\_

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Reaction to strangers: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Any fears: \_\_\_\_\_

How is your child most comforted? \_\_\_\_\_

What would you like your child to gain from their experience at Little Bear's? \_\_\_\_\_

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### **Developmental Needs**

Does your child use a pacifier/suck fingers or thumb? \_\_\_\_\_

Does your child have a fussy time (when)? \_\_\_\_\_

If so, how do you handle this time? \_\_\_\_\_

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Would you like to know about monumental milestones? \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

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Parent/ guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_