

Getting to Know Your Infant

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Child's Name (First, Last): _____

Date of Birth: _____

Regular Days of Care (*circle all that apply*): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Drop Off Time: _____ Pick Up Time: _____

Please provide as much information as possible for the following areas

Eating Habits: Can your child eat/drink independently? Does he/she prefer using their fingers or a spoon? What food does your child like/dislike? Does your child like his/her milk warm or cold?

Physical Milestones: Can your child – sit, stand alone and/or walk?

Security Items: What items, if any, make your child feel secure? Is there anything he/she is very attached to? Does he/she have fears we need to be aware of?

Sleeping Habits: Does your child need any special item(s) to help her/him sleep?
How does he/she best fall asleep? How long will your child sleep?

Diaper Time: How is your child during diaper changing? What products do you regularly use?

Routine: What is a typical day like - times of waking up, eating, napping, playing etc...

Personality: Generally what is your child like? Does she/he child use any words? What does your child like to do or play with? Does he/she know any songs?

Additional Info: Please provide any additional information that will be helpful in your child's adjustment into the infant room. Please remember to label all items brought to the daycare.