



Giggle and Grow  
Childcare & Preschool

### INFANT INFORMATION

Name of Child:	DOB:	Age:	Sex:
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(For some questions, answers are underlined. Please select the right answer by circling it.)

#### **Eating Behavior:**

\*\*All bottles must be brought each day fully prepared and labeled with child's name and date. Bottles will only be warmed in a bottle warmer (not the microwave).

Is your baby: bottlefed, breastfed How often?: \_\_\_\_\_

Number of bottles each day? (estimate): \_\_\_\_\_

How many ounces? \_\_\_\_\_ How does he/she drink it? Warm, Cold

Name of formula given: \_\_\_\_\_

Any special feeding instructions:

Does your baby need to stop feeding to burp? Yes, No If yes, how often? \_\_\_\_\_

Is your baby on a schedule? Yes, No

Feeding Schedule \_\_\_\_\_

Which baby foods and/or table foods has your baby eaten? (please specify if limited)

Any food allergies or special needs?

#### **Sleeping Behavior:**

Rest time procedures (rock to sleep, pat to sleep, etc.)

What time does your baby awaken in the morning?: \_\_\_\_\_

What time does your baby go to sleep at night?: \_\_\_\_\_

Does he/she sleep through the night? Yes, No

Typically sleeps in: crib, bed, other \_\_\_\_\_

**Toilet Habits:**

Do you use: diaper rash cream (which brand \_\_\_\_\_?) baby powder, special wipes,  
other \_\_\_\_\_?

Is diaper rash a problem? \_\_\_\_\_ If so, how do you treat it? \_\_\_\_\_

**Miscellaneous:**

Does child have an "unsettled" time? \_\_\_\_\_ When? \_\_\_\_\_

What do you do? \_\_\_\_\_

How does child relate to strangers? \_\_\_\_\_

What if anything do you do for teething? \_\_\_\_\_

Do you allow the baby to have a binkie (pacifier)?: Yes, No

If so when?: just at bedtime, just when fussy, anytime

Has baby been exposed to other children often? Yes, No

Are any medications given regularly?: \_\_\_\_\_

Does your child have any security objects or toys that help him/her feel better when upset?

\_\_\_\_\_

Please give us any additional information that you feel will help us provide the best possible care for your baby:

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

By signing this form, you verify that all of the information provided is correct to the best of your knowledge.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(Seni Brachet-Director, Giggle and Grow)	Date