"Getting to Know My Infant"

Please fill out this form for your infant/toddler 0/18 months. It will help us get to know your son/daughter just a little better. Thanks!

Child's Name_____DOB_____
Child's Birth Weight: _____ Home Birth / Hospital Preemie / Full Term
Child's General Mood: HAPPY FUSSY COLICKY OTHER: _____
Any Medical Concerns or Needs: _____
Any medications your child may need on a regular basis? YES / NO
If YES, what? _____ Please provide a doctor's note indicating the medication name, amount to administer, and how often; plus, complete a medical form provided by the teacher.
Are there any home or family situations that could affect your child's mood, feeding, sleeping, or over all care? YES / NO If yes, please explain_____
Has your infant stayed with anyone else besides parents? YES / NO
If YES, How Long? _____ Overnight? _____ Who? _____
Does your child use a pacifier? YES / NO If YES, When? _____
Does your child need a special comfort item? YES / NO If YES, what? _____

FEEDING
Is you infant Breast-Fed? ___ Bottle-Fed ___ How often? _____ How much? _____
Both? _____ if using both, when do you use the bottle vs. breast? _____
How do you give the bottle? Room Temp Warmed Cold
If you warm the bottle what procedure is used? _____
Does your baby hold his/her bottle? YES / NO
Does your baby drink from a sippy cup? YES / NO
Is your child taking: BREASTMILK FORMULA WHOLEMILK (1+ yr only)
Is your child on baby cereal? YES / NO
Other foods? YES / NO If yes, list the food: _____
Baby likes: _____
Baby dislikes: _____
What time does your child eat? (Breast, bottle, food) _____
Princeton does not provide breakfast. Will your child be fed before arriving? YES / NO

SLEEP
Does your child sleep in a crib? YES / NO
Does your child sleep through the night? YES / NO If NO, how often does he/she wake and what do you do to get back to sleep? _____
Do you swaddle or use a sleep sack? ___ What time does your child nap? _____

Please provide any other helpful information on a separate piece of paper.