

# ALL ABOUT MY



Please tell us more about your baby and his/her everyday routines.

**Child's Name:** \_\_\_\_\_

Does your child drink breast milk or formula? \_\_\_\_\_

If formula, what kind? \_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

What temperature does he/she like a bottle?

**Warm (body temp)   Room Temp   Cold   Other** \_\_\_\_\_

Bottle Feeding Schedule (ex: every 2 hours, on demand, etc.)? \_\_\_\_\_

***\*\*Please note that we will strive to adhere to the times you wish to have your baby fed. Remember your baby will be with eleven other babies who may all want to eat at the same time. We are will do our best to make sure your baby is fed at the time you request or close to the time you requested. We cannot force-feed a child. The teachers will keep trying with the bottle and food.\*\****

Can he/she sleep past their feeding time? **Yes   No**

If yes, how long past their bottle time can they sleep? \_\_\_\_\_

If no, any special instructions on how to wake them for their feeding?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does he/she eat solids? **Yes No**

If yes, please tell us what and how often they are eating solids.

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Does he/she take a pacifier? **Yes No**

***\*\*Pacifiers with animals attached to them are not allowed due to State Licensing regulations.\*\****

If yes, when and are there any rules or specific directions as to when he/she may have it? \_\_\_\_\_

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Does your child have any comforting items such as blankets, toys, stuffed animals, etc. that he/she uses? **Yes No**

If yes, what are these comforting items? \_\_\_\_\_

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Nap Schedule (ex: after every feeding, when appears tired, etc.): \_\_\_\_\_

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***\*\*We will strive to follow this nap schedule. Sometimes the babies get distracted and have a hard time falling asleep. We will do our best to accommodate your baby's naptimes. We will not force a child to nap if they will not go to sleep. We will continue to try and get your baby to sleep.\*\****

What are some telltale signs that your child is getting tired? (Ex: tugging on strands of hair, pulling ears, "singing", etc.) \_\_\_\_\_

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Favorite Activities (ex: favorite songs, games, etc.): \_\_\_\_\_

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Dislikes (ex: laying on belly, vibrating seats, etc.): \_\_\_\_\_

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Are there any special words we need to know (ex; pacifier = nunu, bottle = baba, etc.):

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What are the names and ages of other children in your child's family/home? \_\_\_\_\_

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Does your child have any family pets? **Yes** **No**

If yes, what type of pets and what are their names? \_\_\_\_\_

Please tell us any other special things we should know about your child.

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**Child's Name:** \_\_\_\_\_

This form was completed by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

**\*\*\*\*As your child grows and develops, please make sure to update any of the above information with your child's teachers.\*\*\*\***

Thank you for entrusting us with the care of your child. We are looking forward to getting to know your baby!