

# 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.