

Getting to know your child...

CHILD'S NAME: _____

BIRTHDATE: _____

PARENT'S NAME: _____

PHONE NUMBER: _____

PARENT'S NAME: _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

I DRINK...

- Breastmilk
 - _____ oz usually
 - 1-2 hours
 - 2-3 hours
 - Meal times
- Formula
 - _____ oz usually
 - 1-2 hours
 - 2-3 hours
 - Meal times
- Whole Milk
 - _____ oz usually
 - 1-2 hours
 - 2-3 hours
 - Meal times
- Other

I LIKE TO EAT...

- I'm not eating food yet
- Oatmeal/Rice cereal
- Baby food
- I'm ready for solids
- Other

I TYPICALLY NAP...

- Once a day
- Twice a day
- Three times a day
- Whenever I'm tired
- Other

WHEN I SLEEP, I TYPICALLY LIKE TO...

- Be swaddled
- Be rocked
- Be bounced
- Other

I'M ALLERGIC TO...

- Nothing that I know of
- Milk based formula
- Soy based formula
- Other

I CAN...

- Lift head
- Try tummy time
- Rollover
- Sit with assistance
- Sit without assistance
- Get on all fours
- Crawl
- Stand
- Walk

I SOOTHE MYSELF BY...

- Sucking my thumb
- Using a pacifier
- Neither
- Other

NOTES FROM MY PARENTS:

