



## ABZ Early Childhood Development Center

305 Main Street, Everett, MA 02149 Phone: (617)775-9983

### Getting to Know Your Infant

Please fill out this form for your child ages 0 to 15 months. This will help me to get to know your child better. Thank you ☺

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pre-Mature Birth     Full-Term    Child's Birth Weight: \_\_\_\_\_     Home birth or     Hospital

Child's General Mood:  Happy     Fussy     Colicky     Other (specify) \_\_\_\_\_

Has child stayed with anyone else besides parents?     No     Yes (who?) \_\_\_\_\_

Bottle-fed     Breast-fed     If both, when do you use bottle vs. breast? \_\_\_\_\_

How do you give bottle?     Room temp     Warmed     Cold     Other(specify) \_\_\_\_\_

If you warm the bottle, what procedure do you use to warm bottle? \_\_\_\_\_

Does the child hold his or her own bottle?  Yes  No

Is child on formula or milk?     No     Yes    What kind of milk or formula do you use? \_\_\_\_\_

Is child on baby cereal?  No     Yes (List the kinds you use) \_\_\_\_\_

Is child on strained or other baby foods?  Yes     No

List the varieties you use fruits veggies etc: \_\_\_\_\_

Food likes: \_\_\_\_\_ Food dislikes: \_\_\_\_\_

List amounts of food, types of food and times your child usually eats below:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snack \_\_\_\_\_

Will your child have a bottle or breast fed before arriving?  Yes  No    Will your child need breakfast?  Yes  No

Does your child use a pacifier?  No     Yes (When?) \_\_\_\_\_

Does your child need a special comfort item to sleep with?  No  Yes (What is it?) \_\_\_\_\_

Does your child sleep through the night?  Yes  No (How often do they wake and what do you do when they wake?

(Feed, rock change etc?) \_\_\_\_\_

When does your child:

Wake in the morning? \_\_\_\_\_ : \_\_\_\_\_    Nap in the morning? \_\_\_\_\_ : \_\_\_\_\_    Nap in the Afternoon? \_\_\_\_\_ : \_\_\_\_\_

Please list any other important information or special instructions on the care of your child below:

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

Signature

Relationship to Child

Date