



## Getting to Know Your Child

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

Does your child have any allergies?  YES  NO

If yes please provide details: \_\_\_\_\_

Does your child use a pacifier?  YES  NO

Any specific details you want to provide: \_\_\_\_\_

What time(s) does your child usually eat?

AM Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM Snack: \_\_\_\_\_

What time does your child usually receive their bottles? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If not applicable please put N/A \_\_\_\_\_

If applicable, please check one:  Formula  Breast Milk  
 Homogenized  2%

Other \_\_\_\_\_

How many oz/ml are to be given? \_\_\_\_\_

How does your child like their bottle?  Cold  Warm  Room Temperature

What time does your child usually nap? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How is your child put to sleep? \_\_\_\_\_

Does your child have a special sleeping friend? \_\_\_\_\_

What is the best way to soothe your child? \_\_\_\_\_

Please provide information regarding your child's diapering needs? (Check all that apply)

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Disposable  | <input type="checkbox"/> Diaper Cream |
| <input type="checkbox"/> Cloth       | <input type="checkbox"/> Vaseline     |
| <input type="checkbox"/> Other _____ |                                       |

Is there anything else that you would like us to know about your child?

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