BUMBLE DAYCARE
INFANT ENROLLMENT INFORMATION

GETTING TO KNOW YOUR INFANT

Please fill out this form for your child ages 0 to 18 months. It will help me 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: Are they mostly Happy, fussy, colicky, what? _____

Has child stayed with anyone else besides parents? _____ If so who? _____

Is child Bottle or breast-fed? _____If using both, when do you use bottle vs. breast? _____
_____
How do you give bottle, room temp, warmed, cold? _____
If you warm the bottle, what procedure do you use to warm bottle? _____
Does the child hold his or her own bottle? _____
Is child on formula or milk? _____What kind of milk or formula do you use? _____
Is child on baby cereal? _____ List the kinds you use: _____
Is child on strained or other baby foods? _____ 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? _____
Will your child need breakfast? _____

Does your child use a pacifier? _____ When? _____
Does your child need a special comfort item to sleep with? _____. What is it? _____
_____

Does your child sleep through the night? _____ IF not 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? _____
When does your child nap morning? _____ Afternoon? _____

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

_____
_____
_____
_____

Signature _____ Relationship to Child _____ Date_____