

Getting to know your Infant....

Please answer the following questions so that we may get to know your child a little better and make them feel like they're right at home!

- 1) What is your child's name and or, nickname? _____
- 2) When is your child's birthday? _____
- 3) Do you prefer your child to be rocked to sleep or are you trying to teach them self soothe? _____
- 4) Do they enjoy having music on during nap time, or prefer silence? _____
- 5) Does your child have a certain toy or blanket to help soothe them? _____
- 6) Does your child use a binky or are they a thumb sucker? _____
- 7) Does your child drink their bottles hot, room temperature, or cold? _____
- 8) When at home does your child nap better in a pack n play, boppy, or swing? _____
- 9) Does your child like to sleep on their back, side, or stomach? _____
- 10) Do you prefer we wake your child up after a certain time from nap, or let them sleep?

- 11) How is your child's temperament?
Passive _____ Moderate _____ Strong willed _____
Comments _____
- 12) Does your child have any allergies? _____
- 13) Does your child enjoy being held? _____
- 14) Is there anything else that you feel we should know that is important about your child?

15) ALLERGIES? _____

Thank you so much for telling us more about your child so we can better serve your family's needs! If at any time you have anything to add to this please don't hesitate to contact us!

Meeting Date: _____

Parent Signature: _____