

A CHILD'S WORLD
Infant Information

1. What is your baby's sleeping pattern for the day? A.M. _____
P.M. _____

2. Please note: Our policy is to put infants on their back to sleep. If your infant has a medical condition that requires them to sleep on their stomach, you must provide written documentation from your physician.

3. Do you have any special ways of helping your baby get to sleep? _____

4. Does your baby need a special blanket, stuffed animal, etc., to sleep? _____

5. Does your baby cry when going to sleep? _____ If yes, for how long? _____

6. Does your baby cry when waking up? _____

7. Does your baby sleep in his/her own room? _____ In his/her own bed? _____

8. Do you use: disposable diapers _____ cloth diapers _____

9. List any powder/ointments that you use when changing your child's diaper. _____

Parents are asked to bring their own powder/ointment, labeled with child's name.

10. What are your baby's favorite toys? _____

11. What are your baby's favorite activities? _____

12. Is there any other information about your child - special likes or dislikes or ways you give care that would be helpful to our teachers? _____

