



# Infant Information Form

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

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

Please complete for your child ages 6 weeks to 18 months.

## **Feeding**

Is your child on  Breast Milk  Formula  Regular Milk?

What kind of milk or formula do you use? \_\_\_\_\_

How do they take their bottle?  Room Temperature  Warmed  Cold

Does your child hold their bottle?  Yes  No      Can they feed themselves?  Yes  No

Does your child eat any table food?  Yes  No If yes, please let us know what they can eat from Ashley's Playhouse menu. \_\_\_\_\_

Allergies to Food: \_\_\_\_\_

Please let us know how much and how often they eat or take their bottle?

Approximate Time	Types and Appropriate Amounts of Food

## **Sleeping**

How does your child sleep?  Stomach  Back  Side

Do you prefer your child to be rocked to sleep or not?  Rocked  Not Rocked

Please list the approximate times your child sleeps and / or naps?

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## **Other Information**

List any special Diapering Information (i.e. diaper cream, cloth diapers): \_\_\_\_\_

Does your child take a pacifier?  Yes  No

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please date and initial every 30 days after enrollment.

January	February	March	April	May	June	July	August	September	October	November	December