



Help Us to Know Your Infant, Mobile Infant, or Young Toddler

Child's Name: _____ Room: _____

Date of Birth: _____ Age: _____ months Today's Date: _____

This form is a supplement to our *Help Us to Know Your Child* form and must be completed upon enrollment and at the beginning of every month until your child eats table food consistently. If any significant changes are made to your child's diet—after an allergic reaction, for example—or sleeping habits, you must inform your child's teachers immediately in writing.

FEEDING – Please indicate all items that apply to your child.

Breast milk

Liquid Formula - Brand: _____

Powdered Formula - Brand: _____

Mix with: tap water bottled water from home

Number of ounces per feeding: _____ ounces

Length of time between feedings: _____ hours

Temperature: cold room temperature warmed

Special position during feeding, if necessary: _____

Burp in middle of feeding Burp after feeding

Does your child hold his/her own bottle? Yes No

Cereal - Amount: _____ Mix with: formula water

Baby/Pureed food from home **(You must complete the separate food list.)**

Amount: _____ Times to be fed: _____

Table food - snacks, breakfast, and lunch provided by Carpe Diem

Uses Sippy cup with: water milk formula.

Are there any foods your child cannot eat for medical, religious, or personal reasons?

Does your child attempt to feed him/herself? Yes No

Other comments regarding food and feeding habits: _____

SLEEPING

Number of naps on a typical day: _____ Approximate length: _____

Approximate time interval between naps: _____

Does your child use a pacifier? Yes No

Until infants can roll over, they must sleep on their backs unless a pediatrician's note is provided to the contrary. Nothing, except a pacifier, can be placed in the crib with the child until he/she is twelve-months-old.

Other comments regarding sleeping habits: _____

Describe an approximate schedule of your child's day: _____

Please attach any additional information you want us to know about your child.

Parent's name, please print: _____

Parent's signature: _____ **Date:** _____