Infant Developmental History

Child's name _____DOB _____

Parent's names _____

Sleeping

- Fill in typical sleeping patterns

Nighttime: From _____ to _____

A.M. Nap: From _____ to _____

P.M. Nap: From _____ to _____

- Preferred sleeping position:

___ Back (This is the recommended position. Your baby's doctor must give written orders if we are to use another position.)

___ Side

___ Stomach

Feeding

- Baby drinks:

___ Breast milk

___ Whole milk

___ Formula, (Type: _____)

___ Other:_____

- Baby uses:

___ Bottle

___ Sippy cup

- Baby prefers bottles:

___ Warm

___ Room temperature

___ Cool

- Baby is fed every _____ hours
- Baby's typical feeding times and amounts (include foods and liquids):

Breakfast_____

Lunch _____

Snacks _____

- Check snack/breakfast items that we may serve your child at the center:

___ None apply

___ Crackers (Examples: graham, saltine, cheese, etc.)

___ Cheerios

___ Cookies (Examples: vanilla wafers, animal crackers, etc.)

___ Nutrigrain bar

___ Cheese

___ Yogurt
___ Fruit (Examples: diced peaches, diced pears, etc.)
___ Pancakes, waffles, French toast, etc.
___ Other foods your baby enjoys _____
_____

- List any dietary restrictions: _____

Health

- Is your baby generally healthy? _____
- Describe any health concerns:
  _____
- Let us know about any on-going medications your child is taking:
  _____
- Describe any known allergies:
  _____

Diapering

- How frequent are bowel movements? _____
- Describe normal appearance of bowel movements:
  _____
- Is your baby prone to diaper rashes? ___ Yes ___ No

If yes, tell us the best treatment to use:_____

Getting Acquainted

- Share with us the best ways to comfort your child:
  _____
- List favorite toys and activities:
  _____
- Does your baby use a pacifier? ___ Yes ___No

Other information to note about baby: _____
_____

My signature below indicates that this form has been checked/updated:

Month:	Date:	Signature:
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		