Infant Developmental History

Childs Name: ______________________________________ DOB: __________________
Parent's Names: ____

Sleeping:

- Please fill in typical sleeping patterns:

Nighttime:		to	
AM Nap:		to	
PM Nap:		to	

- Preferred Sleeping Position:
  - ○ Back
  - ○ Other (Back sleeping is the recommended position. Your baby's doctor must give written orders if we are to use another position or crib device.)

Feeding:

- Baby Drinks:
  - ○ Breast milk
  - ○ Formula (Type:____)
  - ○ Whole Milk
  - ○ Other:____
- Baby Uses:
  - ○ Bottle
  - ○ Sippy Cup
- Baby Prefers Bottles:
  - ○ Warm
  - ○ Room Temperature
  - ○ Cold
- 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 (ex: graham, saltine, cheese)
  - ○ Cheerios or similar cereals
  - ○ Mum Mums/Puffs
  - ○ Yogurt Melts
  - ○ Canned fruit
  - ○ Cheese
  - ○ Pancakes, waffles, French toast, etc.
- **Any food restrictions?**
  ____

Health:

- Is your baby generally healthy? ____
- Describe any health issues:
  - ○ Reflux ____
  - ○ Clogged tear ducts ____
  - ○ Eczema ____
  - ○ Allergies ____
  - ○ Other ____
- Please lets us know about any ongoing medications that your child is taking:
  ____

Diapering:

- How frequent are bowel movements? ____
- Describe the normal appearance of bowel movement:
  ____
- Is your baby prone to diaper rashes? _____ Yes _____ No
  If yes, what is 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 about your baby:**
  ____
  ____

REQUIRED MONTHLY:
My signature below indicates that this form has been checked and updated:

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