



Getting to Know Your Infant

Name _____ Date of Birth: _____

1. Previously to attending Little Victories what type of care has your child been in?

Center Nanny In home day care Stay at home with a parent

2. When your child naps, do they use a Blanket Nuk thumb?

3. When your child is awake during the day do they use a nuk? _____

4. How does your child fall asleep?

5. What are some things your child likes to do?

6. When your child is sad what makes them feel better?

7. Is your child accustomed to drinking out of a bottle? Yes No

8. When feeding your child a bottle do you burp them during the bottle or at the end? _____

9. Does your child typically burp or spit up after they eat? Yes No

10. What is your child's nap schedule? _____

Comments: _____

If you have any other questions, please feel free to talk to us. Thank you! 😊