



**Getting to Know Your Infant**

Name \_\_\_\_\_ Age \_\_\_\_\_

1. Previously, what type of care has your child been in?  
Center    Nanny    In – home    Stay at home Parent

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

3. How does your child fall asleep?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

8. What is your child's nap schedule?

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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