



## Getting to Know Your Infant

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

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

2. When your child naps, do they use a (circle)  
Blanket Nuk

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

5. Is your child comfortable drinking out  
of a bottle? Yes No

6. Does your child have any allergies? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What payment plan will you be on?

Standard All inclusive

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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