Infant Social Resume

Child Information:

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Nicknames: (other than name) _____ **Date of Birth:** _____

Cultural Background: _____ **Language(s) Spoken:** _____

Family Information:

Please list family members living in your home: **Relation to Child:**

_____

_____

_____

_____

_____

Any Additional Information we should know about your child's home life (relatives / family activities / etc.):

_____

_____

_____

Infant Feeding:

Please check the boxes that your child's daily nutritional intake is:

☐ *Breast Milk* ☐ *Formula* ☐ *Baby Foods Table* ☐ *Foods*

If your child is on Formula, what brand of Formula do you use: _____

Will you be using the Center Formula (Member's Mark) Brand: _____ Yes _____ No

☐ *Advantage* ☐ *Gentle* ☐ *Sensitive* ☐ *Infant*

Comments:_____

Bottle Information:

Bottle Brand: _____ Nipple Size: _____

Comments:_____

Feeding Schedule:

_____ ounces every _____ hours

Feeding Schedule Details: _____

*If your child is on baby or table foods, a food list will be given to you. Please highlight or circle the foods you would like your child to have. Please make sure you have already tried the foods at home in case of any allergic reaction.

What position does your child like;

When bottle feeding: _____

When being burped: _____

When being held: _____

Sleeping Schedules:

My child sleeps from _____ pm to _____am Wake up during the night: _____

Where does your child sleep: _____ Notes on sleeping: _____

What is your child's nightly routine: _____

_____

Time of Naps: _____

What's your child's napping routine: _____

Does your child roll to their stomach when sleeping? _____ Yes _____ No

*If your child is under the age of 6monthsan rolls to their tummy during sleep, please fill out our Parent Statement Licensing Form is filled out.

Understanding your Child:

Does your child show any certain signs when needing something? *(example: rub eyes when tired)*

Hungry: _____ Tired: _____

Over Stimulated: _____ Sick: _____

Does your child use a pacifier? ____ Yes ____ No

Does your child have a favorite toy, blanket, or soother? _____ Yes _____ No

Any activities your child likes? _____

Any activities your child dis likes? _____

Does your child have any individualized needs from our program? _____ Yes _____ No

_____

_____

Any other information regarding your child that would be helpful for us?

_____

_____

_____

_____

_____