

## INFANT INFORMATION SHEET

We look forward to getting to know you and your child better. We'd like you to answer as many of the following questions as you'd like. This is information, which could be helpful in beginning our partnership in providing the best experience for your child.

1. \_\_\_\_\_  
*Child's Name (First) (Middle) (Last)* *Preferred name to be used at school, if different*  
 Parent(s)/Guardian(s) Names: \_\_\_\_\_  
 Occupations, Hobbies, Interests: \_\_\_\_\_  
 \_\_\_\_\_
  
2. Child lives with:    Both Parents     Other  If other, please specify: \_\_\_\_\_
  
3. Siblings/Household Members:  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Attends school at \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Attends school at \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Attends school at \_\_\_\_\_  
 Pets? \_\_\_\_\_
  
4. What might be helpful for us to know about how your child handles being separated from you?  
 \_\_\_\_\_
  
5. Were there any noteworthy problems during the pregnancy or delivery?     yes     no  
 If so, please describe:  
 \_\_\_\_\_
  
6. Was the baby born more than 2 weeks early or late?     yes     no  
 If so, please describe:  
 \_\_\_\_\_
  
7. Has the baby experienced any noteworthy problems since birth?     yes     no  
 \_\_\_\_\_
  
8. Is the baby sleeping through the night?     yes     no    If yes, since what age?  
 \_\_\_\_\_
  
9. Do you have any concern about the baby's growth or development?  
 \_\_\_\_\_
  
10. How is the baby's health at the present time?  
 \_\_\_\_\_

11. Has the baby begun to show signs of anxiety when separated from you?  yes  no

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12. What is your most important expectation from the program?

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13. Please give us an idea of your baby's current daily schedule (noting approximate times for eating, napping, fussiness, etc.):

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14. While at the school, would you like your child's eating and sleeping to be:

on demand  according to a specific schedule

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15. How does your baby prefer to be put to sleep?

rocking  patting  sitting in swing  just put into crib  other:

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16. How would you describe your baby's typical mood and activity level?

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17. Is there anything else you would like us to know?

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We look forward to meeting with you. We'll usually have a moment to chat at drop-off and/or pick-up. If you'd like to have a longer discussion before our regular conference time in October or May, please let us know.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_