Infant Family Information Form

**Please take a moment to fill out the form below. Only fill out those questions that are applicable.**

My Baby’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school district do you live in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Married\_\_\_\_\_\_\_ Divorced\_\_\_\_\_\_ Separated\_\_\_\_\_\_ Single\_\_\_\_\_\_

1. Names and ages of other children living in the home and relationship to your baby:
2. Does your baby have any allergies? If yes, please explain.
3. Do you have any health concerns for your baby (food allergies, environmental allergies, etc.)?
4. Does your baby have any special needs or learning issues that you are aware of?
5. Has your baby had any other exposure to group settings? If yes, please list.
6. Language(s) other than English spoken in home:
7. When your child is upset, what are some things that normally help him/her feel better?
8. Please tell us about your babies sleeping habits:
9. My baby is on formula\_\_\_\_\_\_\_ breast milk\_\_\_\_\_\_\_ both\_\_\_\_\_\_\_
10. Foods that my baby is eating:
11. My baby has a bottle every \_\_\_\_\_\_\_\_\_\_ hours.
12. Is there anything else that you would like us to know about your baby that would help us to better understand him/her?