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?