



CHILD INFORMATION

Child's Name:		Date of Birth:	
Nickname(s):			
Primary Contact:		Secondary Contact:	
Cell Phone:		Cell Phone:	

FEEDING

BOTTLES MUST BE EQUAL AMOUNTS, LABELED WITH CHILD'S FIRST NAME AND LAST INITIAL AND DATED.

Child's diet includes (check all that apply):

- Breast Milk
- Formula
- Whole Milk
- Other Milk
- Baby Foods
- Strained Foods
- Table Foods
- Water

Desired Warmth:

- Room Temp.
- Very Warm
- Tepid
- Cold
- Bottle Warmer
- Microwave

Formula Brand / Other Milk Type: _____

Bottle Amount: _____ oz.

FEEDING SCHEDULE	APPROX. TIME	TYPES AND APPROXIMATE AMOUNT OF FOOD (EX. BABY FOOD ½ JAR, BOTTLE, ¼ BANANA ETC.) Label all containers w/first name, last initial and date.
Breakfast		
AM Snack		
Lunch		
PM Snack		
Dinner		

SLEEPING

CHILD MUST SLEEP ON BACK UNTIL ABLE TO TURN OVER ON THEIR OWN. RHA FOLLOWS SAFE-TO-SLEEP STANDARDS REQUIRED BY LICENSING AND RECCOMENDED BY THE SIDS ALLIANCE.

Nap	Approx. Time
1 st Nap	
2 nd Nap	
3 rd Nap	
4 th Nap	

Does your child sleep in a sleep suit/sack? Yes No

Does your child take a pacifier? Yes No

If so, when? _____

Sleeping Habits? _____

DIAPERING

Do you give permission for diaper cream to be used for diaper rash? Yes No

Brand/Type: _____

Do you use baby powder when changing your child? Yes No

ADDITIONAL CHILD INFORMATION

Does your child have a history of colic? _____

What comfort measures are used with your child? _____

Previous experience child has outside the home: Babysitter Group Care Family

Childs Response? _____

What languages are spoken in the home? _____

Does your child share a room? Yes No If yes, with whom? _____

Sibling(s)? _____ Age(s)? _____

Birthmarks: _____

Allergies: _____

Special Needs or Concerns: _____

Medical Conditions: _____

Any Additional Information: _____

Parent/Guardian Signature _____ Date: ____/____/____

EXAMPLES OF HOW ITEMS ARE REQUIRED TO BE LABELED:



Bottles: equal amounts, first name, last initial date.
Bottle Cap: Initials



Diapers: initials on every diaper



All Food Containers (including packaged/jar foods): First name, last initial and date

THIS FORM MUST BE REVIEWED/UPDATED EVERY 30 DAYS