



INFANT SOCIAL RESUME

Child's Name: _____ D.O.B. _____

Does your child have a nickname? Y/N If yes, what is it: _____

FAMILY

Names of brothers & sisters

Birth Date

Names of others living in the home

Relationship to child

Which language is spoken in your home: _____

Do you have any pets at home? Y/N If yes, what are they _____

Are there any known pet allergies? _____

FOOD

Is your child breast-fed? Y/N

If Yes: Do you plan to continue breast feeding when your child starts daycare? Y / N

If yes, how do you plan to continue breast feeding during daycare hours?

What is your child's feeding schedule? List Hours below:

Do you supplement with formula? If yes please specify:

Does your child have any known food allergies to date? Y/N

If yes, please specify: _____

Detail of reaction when such food is ingested: _____

Is your child bottle-fed? Y / N

_____ By initialing here, Parent/Guardian authorizes Little Sponges Staff to prepare infant formula/food according to manufacture label and/or as follows:

Please provide written instructions: (Details on preparing ready to feed / Powder Formula per bottle)

What is your child's bottle feeding schedule?

Liquids	Type (Brand Name)	Amount	Schedule / Times
Formula			
Milk			
Water			

Bottle Brand: _____

Has your child been introduced to solids? Y/N

If yes, what type?

Pre-Packaged Store Bought Baby Food _____ Table Food _____ Home Made Food _____

What is your child's feeding schedule?

Solids	Type	Consistency	Amount	Times
Cereal				
Cereal				
Cereal				
Vegetable				
Fruit				
Meat				
Meat				
Snack				
Snack				

Does your child have any food sensitivities? Y/N

If yes, please describe: _____

Currently are there any foods that your child dislikes?

- _____
 My child may be given table food provided by Little Sponges.
 My child may not be given table food provided by Little Sponges.

SLEEP

Describe your child's sleep routine (include naps & lengths of naps):

Where does your child normally sleep? (Crib, With Parents, Etc.) _____

DIAPERING

What type of diapers does your child use? _____
Describe your child's diapering routine (include double diapering, liners, creams, powders etc.)

Is your child prone to diaper rash? Y/N Treatment: _____

SOCIAL/EMOTIONAL DEVELOPMENT

Describe your child's temperament: (i.e. colic, like to cuddle) _____

Does your child separate easily from you? Y/N

Please comment: _____

Does your child have a favorite toy, blanket or soother? Y/N

Please identify: _____

Does your child take a pacifier? Y/N

Please identify: (Brand Name, Color, etc.) _____

Does your child spend time with other children? Y/N

Please comment: (who, when, how much) _____

What activities does your child enjoy? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Parent/Guardian Signature

Date