

Little Treasures *Christian Childcare Center*



Help Us to Know Your Infant

This form serves as a supplement to the “Help Us to Know Your Child” form. In order for us to provide the best possible care for your infant, please be as detailed as possible.

Child's Name: _____

Date: _____

Does your child take a bottle?	Yes	No
If so, is the bottle warmed?	Yes	No
Does your child hold his/her own bottle?	Yes	No
Does your child feed him/herself?	Yes	No

What foods does your child eat? (Circle all that apply)

Baby Foods: fruits vegetables meats cereal

Strained Foods: fruits vegetables meats cereal

Table Foods: _____

Snacks: cheerios crackers goldfish graham crackers

Formula: brand used date

Whole Milk

What foods does your child especially like? _____

Are there foods your child dislikes? _____

Is there any food your child should not eat for medical, religious, or personal reasons? _____

Please provide an approximate schedule of your baby's day:

How would you like us to introduce solid foods to your infant? _____

When changes are made to your child's diet or schedule, you MUST inform your child's teacher immediately.

Parent signature

date