Brite Beginnings
CHILDCARE CENTER
Where Little Learners Shine

All About Me

INFANT FAMILY FORM

My child

Child's name

Birthdate

Daily schedule

Typical drop-off time

Typical pick-up time

Days in care (check all that apply)

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

Bottle instructions

Milk type and feeding at home

- [ ] Breast milk
- [ ] Formula
- [ ] Nursing at home

Bottle temperature (choose one)

- [ ] Cold
- [ ] Warm
- [ ] Room temperature

Usual bottle interval (choose one)

- [ ] 2 hours
- [ ] 3 hours
- [ ] 4 hours

Maximum hours between bottles

Share special feeding instructions with the office.

Food and solids

My child eats baby food	[ ] Yes	[ ] No
My child eats table food	[ ] Yes	[ ] No
My child eats finger foods	[ ] Yes	[ ] No
May eat center-provided food when age appropriate	[ ] Yes	[ ] No

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Diapering preferences

- [ ] Apply diaper cream as needed for redness or irritation
- [ ] Apply diaper cream after every change

Preferred brand / product

Special diapering instructions

Please complete the separate annual authorization for diaper cream.

Rest and comfort

How does your baby usually settle? (check all that apply)

- [ ] Rocked
- [ ] Quiet space
- [ ] Other

Other soothing routines or comfort preferences

- [ ] Uses a pacifier for sleep

Typical nap times at home

At the center, infants are placed on their backs in an approved crib or portable crib. Loose blankets and soft items are kept out of the sleep space. Please tell the office about any health care provider instructions.

Anything else we should know?

Parent / guardian name

Date completed