

**Almost Home  
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Ridgefield, Ct 06877  
Almosthomecc.com  
203 438-6118**

**Infant Information Form**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Feeding:**

Feeding Schedule (amount, burping, methods, etc.)

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Are you breast feeding? \_\_\_\_\_  
If no, what type of formula are you using? \_\_\_\_\_

What type of bottles and nipples are you using? \_\_\_\_\_

Have you introduced juices? \_\_\_\_\_ What kind? \_\_\_\_\_  
Do you dilute the juice? \_\_\_\_\_ How much? \_\_\_\_\_

Have solid foods been introduced? \_\_\_\_\_

What foods have been offered?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the amount of food you offer your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any reactions to any foods? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any special thing you do while feeding your child we should know about? \_\_\_\_\_

\_\_\_\_\_

Is there a particular feeding pattern that your child seems comfortable with? \_\_\_\_\_

\_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ What type? \_\_\_\_\_  
When does your child use a pacifier? (nap, when tired, etc.) \_\_\_\_\_

\_\_\_\_\_

Do you have any additional instructions or information regarding the use of a pacifier with your child that we should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Diapering:**

What kind of diapers do you use? \_\_\_\_\_

What type of baby wipe do you use? \_\_\_\_\_

Do you use a diaper cream? \_\_\_\_\_ If so, please state what kind and how often you apply it: \_\_\_\_\_

\_\_\_\_\_

Has your child shown any adverse reactions to any diapering products?

\_\_\_\_\_

How often do you change your child's diaper? \_\_\_\_\_

What is the usual frequency of bowel movements? \_\_\_\_\_

**Sleeping:**

It is Almost Home's policy to have all infants lie on their backs while sleeping in their cribs. This is the **American Journal of Pediatrics'** recommendation for appropriate sleep positions for young infants. If your pediatrician has specific recommendations for your child to sleep on their stomach, we require a letter from the doctor indicating the necessary instructions for sleeping positions.

What is your child's usual sleep schedule? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child sleep with a pacifier? \_\_\_\_\_

Does your child have a favorite security object? \_\_\_\_\_

Favorite blanket \_\_\_\_\_ Favorite music \_\_\_\_\_

**Background:**

Has your child been in child care before? \_\_\_\_\_

What type? \_\_\_\_\_ Length of time \_\_\_\_\_

Hours per day? \_\_\_\_\_ Is your child comfortable with other adults? \_\_\_\_\_

Is your child comfortable with other children? \_\_\_\_\_  
\_\_\_\_\_

Are there any particular fears that you have noticed in your child? (Such as animals, strangers, noises, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the most effective methods for consoling your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History**

*All enrolled children must have a current medical form completed by the child's physician on file. This form must be submitted upon enrollment and must be kept current.*

Were there any particular problems with the birth of your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any significant medical problems with your child?  
\_\_\_\_\_  
\_\_\_\_\_

Other than birth, has your child ever been hospitalized? \_\_\_\_\_  
\_\_\_\_\_

Has your child had a reaction to any immunizations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had a high fever? \_\_\_\_\_ If yes, how high  
and what was the cause? \_\_\_\_\_  
\_\_\_\_\_

Is your child subject to febrile seizures or convulsions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a history of family respiratory ailments or allergies? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies to any medications or foods? \_\_\_\_\_  
\_\_\_\_\_

Is your child presently taking any medications? \_\_\_\_\_  
\_\_\_\_\_

Does your child experience sleep apnea? \_\_\_\_\_  
\_\_\_\_\_

Has your child had frequent ear infections? \_\_\_\_\_  
\_\_\_\_\_

