

get to know my baby

their little starting point!

please print legibly with ink or type

name of the parent completing this form:

child's name:

physical development

my baby:

- | | | |
|---|---|---|
| <input type="radio"/> sits up without assistance | <input type="radio"/> holds on and walks around | <input type="radio"/> runs |
| <input type="radio"/> sits up without requiring support | <input type="radio"/> crawls forward | <input type="radio"/> stands up without support |
| <input type="radio"/> stands up requiring support | <input type="radio"/> crawls backward | <input type="radio"/> creeps |

my child's native tongue is:

- english
 creole
 spanish
 french

sleeping habits

my baby:

- takes long naps
 takes short naps
 fights sleep
 is colic
 my baby sleeps in hand
 my baby sleep in his/her crib
 my baby sleeps in my bed with me

my baby sleeps:

- on his or her tummy
 on his or her back
 on his or her side

my baby should be asleep about:

- 1 time per day
 2 times per day
 3 times per day
 4 or more times per day

my child is:

- friendly
 cranky
 shy / withdrawn



feeding

my baby is:

- | | | |
|--|---|--|
| <input type="radio"/> breast fed | <input type="radio"/> liquid and powder formula fed | <input type="radio"/> breast and formula fed |
| <input type="radio"/> liquid formula fed | <input type="radio"/> powder formula fed | <input type="radio"/> drinks water |

has solid foods been introduced? yes no

prefers to play:

- alone
 in groups

my baby is frightened by:

- airplanes motorbikes strong voices rough children loud noises

how do you comfort your baby?

my baby:

- fights

diaper habits:

- use lubricant (vaseline) after each diaper change
 use diaper cream only when there is a rash

preferred lubricant:

what household word is used for:

number 1 (pee): _____

number 2 (poop): _____

my baby is currently teething

- yes
- no
- I have noticed some discomfort that may be associated with teething.
- I have noticed some occasional I fever that may ve associated with teething.

preferred:

soap: _____

lotion: _____

powder: _____

diaper cream: _____

lubricant: _____

fever mediation: _____

are there any things your child dislikes?

_____	_____
_____	_____
_____	_____
_____	_____

tell us anything else you feel we should know about your little one:

what would you like to see from your child's enrollment with Bluebrook within the next 6 months?

