

BABY Care Enrollment

| Child's Name: |
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| Current age: |
| Date of Birth: |
| Please circle or underline answers: Full term birth / Premature Birth |
| My baby is: breast-fed / bottle-fed |
| Type of formula: |
| My baby prefers the bottle: warmed room-temperature cold |
| At Calvary, we only feed your child <i>single</i> recipe infant foods. We do not purchase combination infant foods. For instance, fruits offered would include peaches OR bananas OR pears, etc. Vegetables would be green beans OR peas OR sweet potatoes, etc. If you wish your baby to have fruit in their cereal we can mix them together. |
| Please indicate below what types of food your baby has tried. |
| Cereal: Rice Oatmeal Barley |
| Fruits: |
| Vegetables: |
| Please indicate what a typical day looks like for your baby: |
| Breakfast |
| Lunch |

| Snack |
|---|
| Nap Routine: Does your baby take an AM or PM nap or both – what times and lengths? |
| I prefer that my baby be kept (as much as possible) to the schedule I provide OR I am comfortable with my baby eating and sleeping on demand – a more flexible routine. |
| If preemie – how early? cow's milk formula |
| If your baby uses a pacifier, when do they typically want it? |
| Does your baby use a comfort item such as a particular blanket or stuffed toy? What is it and will you bring it to care daily? |
| How do you typically put your baby to sleep for nap or night time? (Rock them, sing to them, place them in their bed, etc.) |
| Does your baby typically sleep through the night? If no, what do you do to soothe them back to sleep? |
| When/How does your baby typically wake in the morning? (they awaken on their own, you wake them up, they are fussy, happy, etc.) |

| What is your baby's general temperament? |
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| Happy, Fussy, Colicky, Easy going, easily over stimulated, etc. |
| What also do you want us to know about your baby? |
| What else do you want us to know about your baby? |
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| Please remember that we want to be a <i>partner</i> in caring for your baby. Communication is very important for quality care to occur. We will always keep you informed regarding what happens during your baby's dayplease keep us informed regarding current feeding habits and needs as well as things that occur the night or week-end before that might affect your child's day. |
| Parent Signature / Date |