Calvary Christian Preschool

BABY Care Enrollment

Child's Name: _____   Date of Birth: _____

Current age: _____

Please circle or underline answers:

Full term birth   Premature Birth   If preemie – how early? _____

My baby is: breast-fed   bottle-fed   cow's milk   formula

Type of formula: _____

My baby prefers the bottle: warmed   room-temperature   cold

At Calvary, we only feed your child *single* 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 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? Happy, Fussy, Colicky, Easy going, easily over stimulated, etc.

_____

What else do you want us to know about your baby?

_____

_____

_____

Please remember that we want to be a *partner* in caring for your baby. Communication between us is very important for quality care to occur. We will always keep you informed regarding what happens during your baby's day…please 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