

Family Profile

Infant

Child's Name _____ Nickname _____ Birthdate _____

<i>Parent/Guardian</i>	<i>Parent/Guardian</i>
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____	Best way to reach you for non-emergencies (e.g. setting up meetings, billing questions, field trip arrangements): <input type="checkbox"/> e-mail _____ <input type="checkbox"/> daytime phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> other _____

Other children in the family (names and ages) _____

When did your family first enroll at this or any other Gretchen's House? _____

Do you have family or friends in the area to offer support? _____

Previous child care setting:

- | | |
|--|--|
| <input type="checkbox"/> home with parents | <input type="checkbox"/> at this Gretchen's House |
| <input type="checkbox"/> with other relatives | <input type="checkbox"/> at another Gretchen's House |
| <input type="checkbox"/> at another child care center/home | <input type="checkbox"/> other _____ |

On daily notes about your child, what are you most interested in being told about?

- | | |
|--|--|
| <input type="checkbox"/> eating | <input type="checkbox"/> social interactions |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> daily activities |
| <input type="checkbox"/> diapering/toilet learning | <input type="checkbox"/> other _____ |

Do you have family traditions, cultural learning experiences, or special interest or talents you would be willing to share with your child's class? Or can you join us on field trips? _____

Anything else you want us to know? _____



Feeding

How does your baby tell you s/he's hungry?

S/he drinks:

- breast milk
- formula

Approximately how much, how often?

Does s/he ever drink anything else from a bottle?
Juice? Water?

Solid Food

Has s/he started eating cereals? yes no

If yes, which kinds and how do you prepare it?

Approximately how much each time, how often,
and how does that fit into bottle feedings?

Has s/he started eating other foods? yes no
If yes, which ones (please list).

Any known dislikes or **diagnosed allergies**?
*If so, please provide allergy plan and share with
your child's Teacher and center Director.*

Any religion-based food restrictions?

Sleep

How does your baby show you s/he's tired?

How does s/he usually go to sleep...rocking, in
your arms, in their crib, ...?

Does s/he have any comfort objects (e.g. special
blankets, pacifiers)?

How long is a typical daytime nap and how many
does s/he take in an average day?

How long does your baby sleep at night? What are
typical bed and wake-up times?

Play

How does your baby like to be held?

What activities does your baby enjoy?

What kinds of toys does s/he like?

Please remember to write down your baby's last feeding/wake time for us when you drop off. This will give us a starting point for how the day is likely to proceed for him/her.