

Start Date:



Infant Routines Information Sheet

At Bright Beginnings we have a child-centered approach to infant care. As your partner we will do our very best to ensure your baby stays on their home routine while at school. In order to do that we need a little more information about their general disposition, current routine and care needs. Please fill out this form no more than one week prior to their child's first day at school. Thank you!

Child's Name: _____ Nickname: _____ DOB: _____

What is your child's general mood? Happy / Fussy / Colicky / _____

Has your child stayed with anyone other than parents? _____ Who? _____

Feeding:

Is your child bottle or breast fed? _____ If breast – have you introduced the bottle? _____

If no, please tell us the transition plan _____

Do you plan to come feed your baby during the day? If so, when _____ do you want us to hold off on bottle feeding and/or naps? _____

Is your child on baby cereal? _____ is your child on pureed or solid goods? _____

What are the times your child usually eats? And how much?

Bottle: _____

Food: _____

Older Infants:

Does your child drink from a cup? _____ Does your child self-feed? _____

Sleeping:

When does your child usually nap and how long? _____

What is your routine for putting your child to sleep? (cuddle, swing, rock, put straight to bed) _____

Comforting:

Does your child use a pacifier? _____ If yes, when _____

What form of comfort does your child prefer when upset? (swing, cuddle, music, story, playtime) _____
