



Infant Social Resume

Please fill out completely and legibly.

CHILD'S INFORMATION

Name _____
(First Name) (Middle Name) (Last Name)

Date of Birth _____ - _____ - _____ Age _____ Sex Male Female

Does your child have a nickname? Yes No *If yes, what is it?* _____

FAMILY INFORMATION

Names of others living in the home	Birth date(s) /Age(s)	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEEDING

Is your child breast fed? Yes No

If yes,

Do you plan to continue breast feeding? Yes No

If yes, how do you plan to carry this out? _____

What's your child's feeding schedule? _____

Do you supplement? _____

Is your child bottle fed? Yes No

What formula, bottle/nipple is your child currently using? _____

What is your child's bottle feeding schedule?

	Amount	How often?	Comments
Breast Milk	_____	_____	_____
Formula	_____	_____	_____
Milk	_____	_____	_____
Water	_____	_____	_____

What position does your child like to be in while bottle feeding? _____

What position does your child like to be in while being burped? _____

Does your child have any food sensitivities or allergies? Yes No

If yes, please identify: _____

SLEEPING/NAPPING

BEDTIME When is their bedtime? _____ When do they wake up? _____

Where do they sleep? _____

What is your procedure for putting them to sleep? _____

NAPS When do they nap? _____ How long do they nap? _____

Where do they nap? _____

Does your child usually cry when going to sleep? Yes No

If yes, for how long? _____

SOCIAL/EMOTIONAL DEVELOPMENT

Describe your child's temperament: (example; colic, likes to cuddle)

What signs does your child give of being... (example; pulls at ears, rubs eyes, etc.)

Hungry _____

Tired _____

Over stimulated _____

Sick _____

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

Please comment: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please comment: _____

Does your child spend time with other children? Yes No

Please comment: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

OTHER INFORMATION

Please provide any other information relating to your child that would be helpful in understanding and caring for your child. _____

PARENT SIGNATURES

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CURRENT EATING HABITS

Has your child been introduced to solids? Yes No

If yes, what type? Baby Food Table Food

List foods that they have tried at home _____

What do your child's meal typically consist of?

Breakfast: _____

Lunch: _____

Afternoon Snack: _____

Are there any foods that your child dislikes? _____

Are there any foods (or types of foods) that your child should not eat while at daycare? _____

DAILY SHEETS

Each day you will fill out a daily sheet that will include what you would like them to eat for their meals. This sheet, however, will serve as a summary of what they have tried up to date. Please update this sheet as needed.

For Breakfast I have tried:

(circle all that they have tried or can try at daycare)

Rice/Oatmeal

- Rice Cereal
- Baby Oatmeal
- Fruit Puffs

Fruits

- Banana Orange Medley
- Banana Mixed Berries
- Bananas Apples & Pears
- Apple Strawberry Banana
- Apple Blueberry
- Apples & Cherries
- Banana
- Applesauce
- Peaches
- Pears
- Apricots w/Mixed Fruit

Comments: _____

For Lunch I have tried:

(circle any that they have tried or can try at daycare)

Rice/Oatmeal

- Rice Cereal
- Baby Oatmeal
- Fruit Puffs

Fruits

- Banana Orange Medley
- Banana Mixed Berries
- Bananas Apples & Pears
- Apple Strawberry Banana
- Apple Blueberry
- Apples & Cherries
- Apricots w/Mixed Fruit
- Banana
- Applesauce
- Peaches
- Pear Pineapple

Vegetables

- Sweet Potatoes & Corn
- Garden Vegetables
- Mixed Vegetables
- Squash
- Sweet Potatoes
- Carrots
- Green Beans
- Peas

Comments: _____

UPDATES

Please initial and date each time you update.

Initials

Date

Initials

Date

