Infant Profile

Dear Parents, Please complete the following information. The information you provide will be shared with your child's teacher in an effort to assist in meeting the individual needs of your child and make their experience at Crème de la Crème a positive one. Thank you in advance for your time and effort.

Child Information

Child's Name: _____ Child's Birth Date: _____

Nickname (name you would like us to use at Crème): _____ Sex: ☐ Male ☐ Female

Parent Information

Mother's Name: _____ Father's Name: _____

Basic Needs

Type of Formula (Be Specific): _____Warmed: _____

How often does your baby receive formula or breast milk? _____

Type of Juice: _____Warmed: _____

Type of Diet: Cereal: _____   Meats: _____

Vegetable: _____   Fruits: _____

Other: _____   Other: _____

How often does your baby eat solid foods? _____

Sleeping Position:	☐ On Back	**All infants will be placed on their backs to sleep unless we have a Doctor's authorization to do otherwise.**	
Sleeping Location:	☐ Crib	☐ Swing	☐ Bouncy Chair
Pacifier:	☐ Yes	☐ No	
	☐ When Upset	☐ When Sleeping	☐ Whenever Needed
Diapers:	Diaper Size _____		
Ointment:	☐ Yes	☐ No	
Ointment applied after every changing?	☐ Yes	☐ No	

How often does your baby sleep during the day and for how long? _____

At home, how do you put your baby to sleep? _____

When your baby is upset what calms or soothes him/her? _____

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Social Information

What language is spoken at home? _____

Does your family celebrate any special holidays or ethnic practices in your home that you would like us to know about? _____

Is this your child's first separation from home? ☐ Yes ☐ No

Has your child had any kind of group experiences before? ☐ Yes ☐ No

If yes, please describe where child was enrolled: _____

Who does your baby see on a regular basis? _____

Does your child have any fears we need to be aware of? ☐ Yes ☐ No

If yes, please describe what they are and how they are dealt with: _____

Is your child attached to any object for security purposes? ☐ Yes ☐ No

If yes, please describe object and when it is used: _____

Does your child have any allergies? ☐ Yes ☐ No

Food: _____ Skin: _____

Other: _____ Other: _____

If yes, please describe how it is managed: _____

Does your child have any special needs we should be aware of? ☐ Yes ☐ No

If yes, please describe in detail: _____

Other helpful information: _____

Parent Signature: _____ Date: _____