



St. Stephen Presbyterian
DAY SCHOOL

CHILD INFORMATION FORM (BABY ROOM)

If there is anything else you would like us to know about your child, please use the back of this form to elaborate. **This form will be given to your child's teacher.**

Child's Name _____ DOB _____

Does your baby have any allergies? (Please list) _____

Does your baby use a pacifier? YES NO If yes, when? _____

How does your baby like to be comforted? _____

Typical Sleep Schedule

Morning Nap _____ Afternoon Nap _____

Night _____

Special ways to help your baby fall asleep _____

Typical Feeding Schedule

Bottle/Nursing _____

Breast Milk / Formula / Combination If formula is used, what type? _____

Does your baby eat solid foods? YES NO If yes, when? _____

Breakfast _____ Lunch _____ Snacks _____

Favorite foods _____

Special ways of feeding _____

What else would you like us to know about your baby? _____
