GRACE GARDEN CHRISTIAN PRESCHOOL
10841 S. 48th Street • Phoenix, AZ 85044 • 480-598-5600
Fax 480-598-5640 • www.gracegardenchristianpreschool.com

Infant Information Sheet

Child's Name: _____

Parent's Name: (1)_____(2)_____

Birthday: _____ Age: _____

1: Bottles:

How often?_____ How much?_____

How is child fed? Held on Lap_____ Infant Seat_____ Other____

Should we wake the child up to be fed? _____

Does child eat solids?_____ How often? _____

Which solids?_____

How much solids does the child eat? _____

2: Sleeping:

Position? Back_____ Side_____ *Tummy_____ Swaddled_____

*We MUST have a written & signed Doctor's note in order to let your child be put to sleep on their tummy.

Nap Times: (AM) _____ (PM) _____

Is the child allowed to sleep with pacifier? _____

3: Swing:

Does your child like to be in a swing? _____

4: Diapers:

Is diaper rash a problem?_____ How do you treat it?_____

Do you use: Cream_____ Powder_____ Special Wipes_____

5: General Questions:

Does your child use a pacifier? No_____ As needed _____ Nap Only_____

Does your child have a certain "fussy" time? _____ When?_____

What do you do to comfort them? _____

Any special concerns? _____

_____

How does your child relate to strangers? _____

Any other comments or special instructions? _____

_____

_____

_____

_____

_____

_____

By signing below, you verify that all comments are correct and accurate.

Parent Signature: _____

Today's Date: _____