



<p>For Office Use Only</p> <p>Date of Enrollment: _____</p> <p>Official Start Date: _____</p> <p>Classroom: _____</p>

Infant Social Resume- Please Print Legibly.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: [] Male [] Female Primary Language: _____

Please List Family Members Living in Your Home.

Name:	Relationship	Age

Feeding Information:- Discovery Place will provide Parent's Choice Sensitivity Premium Formula Upon Parental/Guardian Request.

[] Breast Milk [] Formula [] Baby Food [] Table Food Bottle Nipple Size: _____

If using **formula**, please specify the brand that you use at home. _____

Would you like to request to use **formula** provided by Discovery Place (Parent's Choice Sensitivity Premium) [] Yes [] No

Feeding Schedule: _____ Ounces every _____ Hours

Please provide specific details regarding your child's feeding schedule: _____

Please describe the position your child likes or the normal routine you use for each of the following:

- Bottle Feeding: _____

- Burping: _____

- Being Held: _____



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Sleeping Schedule/Information

Please identify your child's typical sleep schedule: From _____ PM to _____ AM.

Does your child wake in the middle of the night? [] Yes [] No

If yes, how often during the night does your child awaken? [] Once [] Twice [] 3X [] 4x or More

If yes, what is your routine for getting your child back to sleep? _____

Where does your child sleep for night for bedtime: _____

Does your child use a pacifier at night? [] Yes [] No [] Other _____

Does your child have a favorite toy, Blanket, soother? _____

Describe your child's typical nightly routine: _____

Please list the time(s) your child takes a nap: _____

Does your child use a pacifier at nap time? [] Yes [] No

Describe your child's typical nap routine: _____

Additional Information About Your Child

Describe the signs your child may display when:

Hungry: _____

Tired: _____

Overstimulated: _____

Does your child have any individualized needs?

How would you describe your child's personality? _____

What Would you like most for your child to experience with us? _____
