



Infant Profile Form (6 weeks to 12 months)

Child's name: _____

Infant information

How would you describe your child? _____

What language(s) does your child speak/ understand? _____

What is the primary language spoken at home? _____

Is this your child's first childcare experience? Yes No

If no, please describe your child's previous daycare experience: _____

What are you child's favorite toys? _____

What are you child's favorite activities? _____

What family activities does your child enjoys? _____

Does your child go outside often? Yes No

Does your child have any fears? Yes No

If yes, what are they and how does your child deal with them? _____

How does your child deal with strong emotions? _____

What has been effective to calm/comfort your child? _____

Does your child have any special needs? Yes No

If yes, please describe: _____

Does your child have any health issues/ history? Yes No

If yes, please describe: _____

Is there anything else you'd like us to know about your child? _____

Feeding

Baby is: Breastfed Bottle Fed

Does your baby use a cup? Yes No

Does your baby have a good appetite? Yes No

Has your baby had any feeding problems? Yes No

Is your baby eating solid foods? Yes No

If yes, what are your baby's favorite foods? _____

If yes, what foods does your baby dislike? _____

Does your baby have any food allergies? Yes No

If yes, please describe: _____

Please describe a typical menu for your baby:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Sleeping:

What is your baby's typical sleeping pattern during the day?

AM: _____

PM: _____

How long does your baby sleep at night? _____

What helps your baby fall asleep? _____

Does your baby have a special toy (e.g., teddy, pacifier, blanket, etc.), a blanket, etc.)? Yes No

If yes, please describe: _____
