



# Cassville Nursery

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## Personal Information Record for Infant/Toddler

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

1. What is your child's current daily sleeping schedule?

Morning wake-up time \_\_\_\_\_ Evening bedtime \_\_\_\_\_ Daily naps \_\_\_\_\_

2. Is your child sleeping through the night? \_\_\_\_\_ If not, when does child usually wake up at night?

3. What upsets or frightens your child?

4. What does your child find soothing or comfortable?

5. How is your child now reacting to strangers?

6. Is your child using a cup, a bottle or both? \_\_\_\_\_

Are you breast-feeding your child? \_\_\_\_\_ If yes, at what times?

7. What are the times your child is now receiving the bottle each day?

8. Give the number of ounces your child is now taking at each bottle feeding.

9. Is your child taking formula, whole milk, skim milk, breast milk or other?

10. Give any special instructions for preparing formula, if any.

11. Are there any other special instructions concerning bottle feeding your child?

12. Is your child now on baby food or table food?

13. List foods your child is now eating.

Vegetables

Fruits

Meats

Juices

Breads

14. Is your child now eating finger foods?

If yes, please list.

15. List any other foods your child is now eating.

16. Where does your child spend his/her waking hours?

(Crib, playpen, crawling on floor, etc.)

17. What toys and activities make him/her happy?

18. When does your child usually have bowel movements?

19. Has your child begun potty training? \_\_\_\_\_ If yes, describe his/her routine.

20. What does your child call his/her

Bowel movement \_\_\_\_\_ Urination \_\_\_\_\_

21. This space for any other information you wish to share about your child.