

WELCOME LITTLE ONE

To Community Early Childhood Center

This form is to be filled out by the parent with the necessary information to introduce their baby to their new caregivers. These experienced caregivers want nothing more than to make you and your baby’s daycare experience a comfortable one.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the information that applies to your child:

\_\_\_\_\_ Center Formula (Enfamil Lipil)

\_\_\_\_\_ Own formula (Brand Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Breast Milk

\_\_\_\_\_ Bringing in bottle (fresh-just expressed)

\_\_\_\_\_ Bringing in frozen

\_\_\_\_\_ Mom will be coming in to feed

Usually drinks \_\_\_\_\_ ounces every \_\_\_\_\_ hours

\_\_\_\_\_ Eats cereal

\_\_\_\_\_ Eats fruits/vegetables

Child’s sleep schedule: (how often, how long, times): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ uses pacifier \_\_\_\_\_ rolls over \_\_\_\_\_ sits up

Daily Schedule/Times:

Mon.\_\_\_\_\_\_\_\_ Tues.­­­­­\_\_\_\_\_\_\_\_ Wed. \_\_\_\_\_\_\_\_ Thurs. \_\_\_\_\_\_\_\_ Fri. \_\_\_\_\_\_\_\_

Thank You!