

# All About *My Child*

Parent's Name(s): \_\_\_\_\_

Parent preferred means of contact: phone (call or text) \_\_\_\_\_

Email \_\_\_\_\_

Baby's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baby's birthplace (hospital and city): \_\_\_\_\_

Baby's pediatrician: \_\_\_\_\_

My baby has allergies (food, medicine, detergent/soap, etc.): Yes No

Please list: \_\_\_\_\_

My baby has medical conditions: Yes No

Please list \_\_\_\_\_

My baby has had significant medical treatments: Yes No

Please list \_\_\_\_\_

My baby is current on his/her immunizations: Yes No

My baby is/was breastfeeding? Yes No Both breastfeeding and formula

If no, the formula we use: \_\_\_\_\_

My baby uses this kind of bottle/nipple (brand, shape, rubber, silicone): \_\_\_\_\_

My baby is currently enrolled in WIC: Yes No If yes, city/office: \_\_\_\_\_

My baby's current feeding schedule: 2-4 hours 4-6 hours 6-8 hours Other \_\_\_\_\_

When being fed, my baby typical drinks: 2-4 oz 4-6 oz 6-8 oz Other \_\_\_\_\_

Foods my baby has tried: \_\_\_\_\_

My baby uses a pacifier: Yes No Flat (orthodontic) Regular (round)

My baby likes to be swaddled to sleep: Yes No My baby likes to be swaddled to feed? Yes No



When my baby is crying or needs comfort, I: \_\_\_\_\_

My baby does not like it when I: \_\_\_\_\_

My baby has a special routine to fall asleep (music, rocking, other): \_\_\_\_\_

My baby's nap time schedule: \_\_\_\_\_

My baby has reached the following milestones: \_\_\_\_\_

Rolling Over    Sitting    Crawling    Standing    Walking    Other \_\_\_\_\_

My baby enjoys bath time:    Yes    No

Ways to help my baby enjoy bath time: \_\_\_\_\_

My baby's favorite toy, blanket, comfort item: \_\_\_\_\_

I can loan it to the Resource Family or it can be purchased at: \_\_\_\_\_

Our family's faith: \_\_\_\_\_

Important people I would like my baby to stay in touch with and visit (may include siblings not in care or placed separately): \_\_\_\_\_

My biggest wish for my baby: \_\_\_\_\_

I hope while my baby is with you (the Resource Family), he/she will: \_\_\_\_\_

I hope that you (the Resource Family) will: \_\_\_\_\_

I would like to receive:     Text message updates     Photos     A journal about how my child is doing  
Phone calls (My ideal time/date for phone calls: \_\_\_\_\_)    Other    No contact

Special holidays or celebrations: \_\_\_\_\_

Please share anything else that you want me to know about your baby: \_\_\_\_\_