

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Nickname(s): \_\_\_\_\_

In case of an emergency, The Cedarhouse School should call \_\_\_\_\_ (name and relationship to child) at \_\_\_\_\_ (best phone number to call).

**FAMILY INFORMATION**

Names of siblings	Birth date
_____	____/____/____
_____	____/____/____
_____	____/____/____

Excluding parents, names of others living in the home	Relationship to child
_____	_____
_____	_____

Pet names and species  
 \_\_\_\_\_

Languages spoken in your home: \_\_\_\_\_

**GENERAL INFORMATION**

Milestones reached (circle all that apply):

Rolling over    Sitting Up    Crawling    Pulling-up    Walking    Other: \_\_\_\_\_

Describe your baby's temperament (e.g., colic, likes to cuddle).	
What signs does your baby give of being hungry, tired or over-stimulated (e.g., pulls at ears, rubs eyes)?	
How does your baby handle separation from you?	
Describe any fears your baby has.	
What soothing methods work best for your baby? (e.g., back rub, rocking, walking, swaying, pacifier, singing, etc).	
Does your baby have any special comfort objects. If yes, please describe.	
What activities does your baby enjoy?	

Is there anything else we should know about your baby? What can we do to make this a comfortable, secure place for him/her? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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