

Getting To Know You!

6 weeks-12 months

Child's full name: _____

Date of birth: _____

Any nicknames? _____

Any siblings (Ages)? _____

Pets at home? _____

Other languages spoken at home _____

Religious holidays observed _____

Here at Chesterfield Academy, we want to make sure we are providing your child with the best care possible. Please take a moment to fill out this form so that we can learn from you!

What is your child's nap routine at home? How many per day? How long are they?

How does your baby like to be put to sleep? Any suggestions for nap?

If your child has been in a childcare setting before, is there anything we should know about that experience?

Does your baby have any medical conditions we should be aware of? Any special instructions or conditions? Allergies?

Does your child use a pacifier? Any special notes about this?

Please describe your child's feeding routine. Times, amounts, methods, etc.

Any other information about your child that you would like to share?

If at any time you have questions or suggestions about your child's care, please feel free to speak with your child's teacher. We look forward to building a relationship with your family and watching your child grow within our program!