



E.B. Hirsh  
Early Childhood Center  
Baltimore Hebrew Congregation

## Introduce Us To Your Baby

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

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Siblings' Names and Ages \_\_\_\_\_

### SLEEPING PATTERNS:

1. How does your baby show you he or she is ready for sleep?

\_\_\_\_\_

2. How do you prepare your baby for a nap? (rocking, swinging, etc)

\_\_\_\_\_

Time	Napping Approx. how long?	Time	Indicate Food and Bottle

### EATING PATTERNS:

1. Are you currently breastfeeding? \_\_\_\_\_
2. Name type of formula that you are using? \_\_\_\_\_
3. What types of bottles and nipples do you use? \_\_\_\_\_
4. Do you offer your baby water? If so, how often? \_\_\_\_\_
5. Are there any eating difficulties? \_\_\_\_\_
6. Has your baby started cereal? If yes, how often and how much? \_\_\_\_\_
7. Does your baby have any allergies? \_\_\_\_\_

8. Do you wish for your baby to feed on demand? \_\_\_\_\_
9. Does your baby take a pacifier? \_\_\_\_\_ Type \_\_\_\_\_
10. How does your baby indicate she/he is hungry? \_\_\_\_\_
11. Do you have nutrition concerns we should be aware of? \_\_\_\_\_

**ELIMINATION PATTERNS:**

1. How often do you change your baby's diaper at home? \_\_\_\_\_
2. How frequently does your baby have bowel movements? \_\_\_\_\_
3. What is the usual color or consistency of the stool? \_\_\_\_\_

**HEALTH PATTERNS:**

1. Does your baby regularly take medications? \_\_\_\_\_ If yes, please indicate the type, amount and time it is given. \_\_\_\_\_
2. Are there any health problems or disabilities? \_\_\_\_\_ If yes, please state specifically  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACTIVITY PATTERNS:**

At what age did your child begin creeping? \_\_\_\_\_ crawling? \_\_\_\_\_ walking? \_\_\_\_\_

**STRESS/COPING PATTERNS:**

Describe your baby's teething symptoms \_\_\_\_\_

Is there any other information we should know that will help us get acquainted with your baby?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time baby will normally arrive: \_\_\_\_\_ depart: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

3 month updates \_\_\_\_\_  
 (initials/date) (initials/date) (initials/date) (initials/date)