



Sundance
Preschool
1844 114th Ave NE
Bellevue, WA 98004

Sundance
Infant Center
1836 114th Ave NE
Bellevue, WA 98004

Sundance
Preschool & Kindergarten
537 102nd Ave SE
Bellevue, WA 98005

INFANT PARENT INTERVIEW

Infant's Name _____

Parent's Name(s): _____

Date: _____

Allergies:

FEEDING

Formula: _____

Ounces: _____

How many times a day? _____

Breast Feeding Schedule: _____

Best way to burp your baby: _____

Other helpful information:

	Yes	No	Comments
Warm bottle	_____	_____	_____
Warm food	_____	_____	_____
Self-feeder	_____	_____	_____
Spoon	_____	_____	_____
Sippy Cup	_____	_____	_____

EATING

Current feeding schedule: _____

Any special feeding problems? _____

What are your child's favorite foods? _____

What foods are refused? _____

How has you child been fed? Held in lap? High chair? Other? _____

SLEEPING

Techniques used to get your baby to sleep: _____

*Note: We do not put babies in cribs with bottles.

Sleep Schedule:	Time	Length of Nap
	_____	_____
	_____	_____
	_____	_____

Babies sleep position? _____

Does your child fall asleep easily? _____

Does your child take a favorite toy to bed? If so, what? _____

What is your child's mood upon awakening? _____

DIAPERING

Cloth _____ Disposable _____

Describe anything unusual concerning your child's bowel or bladder function: _____

What lotions/ointments do you use on your child? _____

COMFORTING

Does your child have a "fussy" time? If so, when? _____

How do you handle this? _____

Does your child use a pacifier? _____

Does your child like to be held? _____

Rocked? _____

Sung to? _____

Read to? _____

What makes your child angry or upset? _____

What frightens your child? _____

How are your child's feelings expressed? _____

Are there special things you say to do to comfort your child? _____

What special items does your baby use for comfort? (example: blanket, thumb):

What is most important to you in the care of your baby? _____

What do you expect from your baby's caregiver? _____

Please add any comments or additional information: _____
