



For Office Use Only
Date of Enrollment: _____
Official Start Date: _____
Classroom: _____

Infant Social Resume – Please print legibly.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female Primary Language: _____

Please list family members living in your home.

Name	Relationship	Age

Feeding Information – Early Einsteins will provide Member’s Mark formula upon parental/guardian request.

Breast Milk Formula Baby Food Table Food Bottle Nipple Size: _____

If using **formula**, please specify the brand that you use at home. _____

Would you like to request to use the **formula** provided by Early Einsteins (Member’s Mark): Yes No

Feeding Schedule: _____ ounces every _____ hours

Please provide specific details regarding your child’s feeding schedule: _____

Please describe the position your child likes or the normal routine you use for each of the following:

- *Bottle Feeding:* _____

- *Burping:* _____

- *Being Held:* _____



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Sleeping Schedule/Information

Please identify your child's *typical* sleeping schedule: from _____ p.m to _____ a.m.

Does your child **wake** in the middle of the night? [] Yes [] No

If yes, how often during the night does your child awaken? [] Once [] Twice [] 3X [] 4X or more

If yes, what is your routine for getting your child back to sleep? _____

Where does your child **sleep at night** for bedtime? _____

Does your child use a **pacifier at night**? [] Yes [] No [] Other _____

Does your child have a **favorite toy, blanket, soother**? _____

Describe your child's **typical nightly routine**: _____

Please list the **time(s)** your child takes a **nap**: _____

Does your child use a **pacifier at nap** time? [] Yes [] No

Describe your child's **typical nap routine**: _____

Additional Information About Your Child

Describe the **signs** your child may display when:

Hungry: _____

Tired: _____

Overstimulated: _____

Does your child have **any individualized needs**?

How would you describe your child's **personality**? _____

What would you like most for your child to experience with us? _____

