

INFANT ENROLLMENT FORM



So that we may better care for your infant, please take a few moments to complete the following. Update the teacher at any time if there are changes.

Infant's Name _____ Date of Birth _____

KinderHaus will offer the following fortified formula: Gerber Good Start GentlePro

Parent's Choice:

_____ KinderHaus provided infant formula

_____ Parent provided infant formula/breastmilk

Specify Breastmilk or Type of Formula _____

Type of Bottle Used _____

Favorite snack (puffs, cheerios, etc.)? _____

Is your child eating solid food? (Specify) _____

Are there any special circumstances or conditions indicated by the infant's physician?

How does your child typically fall asleep (crib, swing, etc.)?

Do they like to be held a certain way?

Is there anything else you would like us to know about your infant?

(Signature of Parent) _____

Date _____