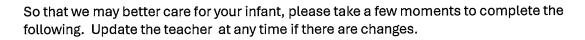
INFANT ENROLLMENT FORM





| 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) | |
| | | | 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 | | |