



CHILD INFORMATION FORM

Please provide us with pertinent information concerning your child so that we may provide a copy of this to the co-parent.

Child's Name: _____ Date of Birth: _____

Name of Parent Completing Form: _____

It is the responsibility of the non-custodial party to provide supplies during visitations. However, the custodial party may choose to send supplies. What, if anything, will you bringing for your child during visitations?

- Diapers
- Wipes
- Diaper Cream
- Bottles
- Food/ Snacks
- Other: _____

Feeding

Child Drinks:	From a:	My child usually drinks ____oz every ____ hours
<input type="radio"/> Formula	<input type="radio"/> Bottle <input type="radio"/> Cup	Please burp after ____ oz
<input type="radio"/> Breast Milk <input type="radio"/> Juice		Does your child spit up? <input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Whole Milk <input type="radio"/> Other _____		

Type of formula used: _____ Amount of formula to be given: _____

Feeding Instructions: _____

Food Likes: _____

Food Dislikes: _____

Food Allergies (including any premixed formula): _____

List any food restrictions: _____

What is your child's current feeding schedule?

Time: _____ What: _____ Amount: _____

Time: _____ What: _____ Amount: _____

02/12, 02/16

Time: _____ What: _____ Amount: _____

Time: _____ What: _____ Amount: _____

Time: _____ What: _____ Amount: _____

Sleeping

What times does your child take a nap, and for how long?

Time: _____ Duration: _____

Time: _____ Duration: _____

Time: _____ Duration: _____

Does your child take a pacifier? Yes No

Diapering

Brand or type of diaper: _____ Size: _____

Special diapering information: _____

Instructions for use of lotion, powder, etc: _____

Miscellaneous

How do you comfort your child at home when they are upset?

Does your child have a favorite object/toy, song or movie? _____

What activities, books or toys does your child enjoy? _____

Any other information that would be helpful to know: _____

I understand it is my responsibility to keep Guardian House updated as my child's needs change, or at minimum, fill this form out every 30 days.

Signature of Parent Completing Form: _____ Date: _____

Signature of Parent Receiving Form: _____ Date: _____