



## 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  
Formula Bottle Cup Please burp after \_\_\_\_ oz  
Breast Milk Juice Does your child spit up? yes no  
Whole Milk 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: \_\_\_\_\_

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: \_\_\_\_\_