

**Discovery Kingdom**  
**INFANT INFORMATION**

**Was your child born prematurely?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If so, how premature? \_\_\_\_\_

**Does your child use a pacifier?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Only at nap time

**How often would you like us to change your child's diaper?**

\_\_\_\_\_ every hour      \_\_\_\_\_ every 2 hours      \_\_\_\_\_ every 3 hours

**How often does your child eat?**

\_\_\_\_\_ every hour      \_\_\_\_\_ every 2 hours      \_\_\_\_\_ every 3 hours

**Is your child on breast milk or formula?** \_\_\_\_\_

**How often would you like your child to be burped during bottles?**

\_\_\_\_\_

**Are there any special feeding tips or instructions that we need to be aware of?**

\_\_\_\_\_

\_\_\_\_\_

**Does your child nap? How long? How often?** \_\_\_\_\_

\_\_\_\_\_

**Does your child have a favorite blanket or toy that he/she is comforted by?**

\_\_\_\_\_

**What else might your child find comforting?** (i.e. rocking, infant swing, bouncy seat, singing a particular song)

\_\_\_\_\_

\_\_\_\_\_

**Please note anything else about your infant's needs/likes/dislikes that you would like to make us aware of:**

\_\_\_\_\_

\_\_\_\_\_