



Nursery Information Card

Baby's Name: _____

Baby's Birth Date: _____

Parent's Name: _____

Address: _____

Cell Phone: _____

Tell us about your baby any special care instructions or allergies: _____

Likes to sleep on: () Back () Stomach () Side

Your baby is: () Breast fed () Formula brand/amount _____

For bottle feeding: () hold them () Place in bed () No bottle

They like their bottle: () warm () room temperature

After how many ounces do you burp your baby: _____

Does your baby eat baby food: _____

If they do eat baby food is it: () warm () room temperature

Do you save your baby food jars: _____

Can your baby have: () cheerios () baby puffs

Do you use diaper cream when you change them: _____

Does your baby take a pacifier: _____

What is your baby's favorite snack: _____

What is your baby's favorite toy: _____

What makes your baby happy: _____

What makes your baby unhappy: _____

How long can your baby cry before you would like to be contacted?

() 5 mins.

() 10 mins.

() 15 mins.

() other



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