



## Tell Us About Your Child



Name \_\_\_\_\_ Goes By \_\_\_\_\_

Birthdate \_\_\_\_\_ Baptismal Date \_\_\_\_\_

Your infant enjoys:

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Your infant is (please circle) breastfed or formula fed.

Your infant eats every \_\_\_\_\_ hrs.

Would you like us to wake your infant to eat? Yes or No (please circle)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Eating/ Sleeping "hints"

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Does he/she have siblings?

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Referred By \_\_\_\_\_

Your families favorite season and why

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Other family traditions you would like to share with us

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Something you have heard about Our Shepherd Early Child Care Center

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What would you like your infant to gain as a result of his/her time with us?

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Any other information you would like to share that will help us to get to know your child and family:

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Welcome to Our Shepherd Lutheran Early Child Care Center

“Let the little children come to Me” Matthew 19:14