



BRIGHT LIGHT EARLY LEARNING CENTER

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New Baby Information Form

Bright Light Early Learning Center is looking forward to having your child join us. Please provide the following information about your child so we can be sure the transition to our care is as smooth as possible. Thank you!

Child's Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____

Estimated Daily Arrival Time: _____ Estimated Daily Pick-Up Time: _____

Does your child use a pacifier? _____ YES _____ NO

How does your child prefer to be held? _____

Mealtime/Feeding Schedule: _____

Does your child take: _____ Breast Milk _____ Formula _____ Bottle _____ Sippy Cup

How many ounces per feeding? _____

How does your baby like his/her bottles? _____ Cold _____ Room Temp. _____ Warm

Nap Schedule: _____

What is your routine for putting your child down for a nap? _____

Nap time Likes/Dislikes: _____

Home Sleeping Habits: _____ crib _____ w/parents _____ other
(please explain)

Playtime Likes/Dislikes: _____

Other important information about your child: _____