



Infant Questionnaire

Please complete the following information so that we can get to know your infant(s)' feeding schedule.

Child(ren)'s Name: _____

Date: _____

Is your child on any special diet (kosher, lactose-free, etc.)? Yes | No

Does your child have any known allergies? Yes | No

If yes, please explain allergy and reaction:

Please list what liquids have been introduced at this time:

How have liquids been presented:

Bottle

Open Cup

Sippy Cup

Straw

Approximately how many times a day is your child(ren) fed:

Does your child have a particular feeding sequence (liquids first, vegetable, fruit, etc.)?

Have you introduced finger foods? Yes | No

What finger foods have you begun?

Does your child feed themselves? Yes | No

If so, how? Fork Spoon Fingers N/A

Food consistency:

Please mark off what is applicable with an "X".

| | Does Eat | Can Eat | Never Eats | Can't Eat | Refuses | Not Tried |
|-----------------------------|----------|---------|------------|-----------|---------|-----------|
| Liquids/Soups | | | | | | |
| Purees (Baby Food) | | | | | | |
| Creamy Food (i.e. yogurt) | | | | | | |
| Pureed Table Food | | | | | | |
| Chopped Table Food | | | | | | |
| Soft Table Food | | | | | | |
| Soft Table Food | | | | | | |
| Crisp Foods (i.e. crackers) | | | | | | |
| Chewy Foods (i.e. meat) | | | | | | |
| Crunchy Foods (i.e. celery) | | | | | | |

Please list any foods that you have introduced in any of the categories. Please specify whether a puree or table food:

Fruit: _____

Vegetable: _____

Meat: _____

Breads/Cereal: _____

Dairy: _____

Sweets: _____

Snacks: _____

Beverages: _____

May **Hometown Academy** feed your child additional food during snack time in accordance with what has been introduced at home (i.e. puffs, teething wafers, etc.). If yes, please specify what is permitted.

Yes | No

Any additional feeding information that would be helpful for **Hometown Academy** to know about your child?

Parent Signature: _____ Date: _____