

Baby Information Sheet

This is a special sheet to fill out about your baby. Hang it on the refrigerator to keep important phone numbers handy, and keep adding to it as your baby grows.

Baby's Name: _____ Date of Birth: _____ Time of Birth: _____

Weight at Birth: _____ Length at Birth: _____ Weight at Discharge: _____

Baby's 1st Photo

Baby's Footprint

Baby's Growth

Month	Pounds	Ounces	Inches
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____

Important Numbers

Pediatrician clinic: _____

After-hours emergency: _____

Breastfeeding help: _____

Local parenting center: _____

National poison center: 1-800-222-1222

Daycare center: _____

Babysitter: _____

If I need help or support, I can call: _____

Always call 911 in case of an emergency!

Special Milestones

First Smile: _____ First Word: _____

Crawling: _____ Rolling Over: _____

Sitting Up: _____ Walking: _____