



Student \_\_\_\_\_ Date \_\_\_\_\_

**WELCOME**  
**LITTLE**  
*one*



# Baby Project Contract

Baby number \_\_\_\_\_

Weight Assigned \_\_\_\_\_

1. I am responsible for my baby at all times.
2. If I cannot be with it in the evening I may hire a reliable "sitter".
3. I will not leave my baby unattended for more than two hours at a time.
4. I will take care of my baby as if he/she were a real child of my very own.
5. I will not abuse or neglect my baby.
6. I will not cause a disruption while my baby is in classes or school.
7. I will show evidence (photos) of the following:
  - rocking baby to sleep
  - feeding
  - dressing
  - changing diaper
  - showing to relatives
8. My grade will depend on the condition my baby is in when returned.
  - Baby must not smell of smoke
  - Baby must not have food or ink, etc., on it.
  - Clothing, blanket and supplies are returned neat and clean
9. Baby Book is due within one week of taking baby home.
10. I agree to all of the above statements and promise to do my best to be a responsible parent for this project.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Birth Certificate

Baby Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Parent's \_\_\_\_\_

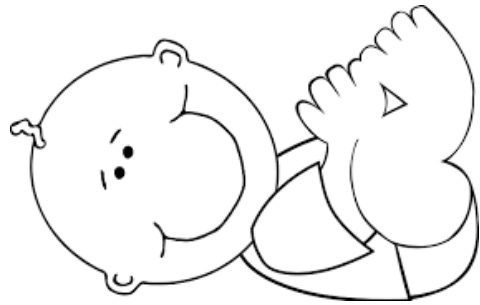


\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Hospital



*Letter to Baby*



In the space below, write a letter to a your future child. Describe your goals and ambitions and the kind of relationship you hope to develop with your child.

[illegible]

# First Visitors Autographs




## Gifts for Baby



Gift

From




# Announcement



Our New Baby: \_\_\_\_\_

Why we chose this name: \_\_\_\_\_

The meaning of this name: \_\_\_\_\_

Possible nicknames we can call our baby: \_\_\_\_\_

Baby was born at \_\_\_\_\_ Hospital

in (city) \_\_\_\_\_, (state) \_\_\_\_\_

On (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Delivered by (doctor) \_\_\_\_\_

Baby's Weight \_\_\_\_\_ Length \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Father \_\_\_\_\_ Age \_\_\_\_\_

Mother \_\_\_\_\_ Age \_\_\_\_\_



# Baby Schedule

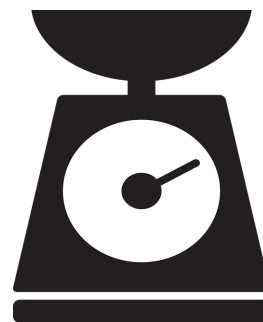
Fill in the table with the following number of times each activity would be required in caring for a newborn : 16 hours of sleep both day and night, Crying for total of 2 hours per day—a few minutes before and after sleeping, 8 diaper changes, 3 changes of clothing, feeding every 2 hours—lasts 30 minutes, cuddling often, 1 bath per day.



Time	Sleep 16 hours	Diaper 8 times	Feed 8 times	Cry 2 hours	Cuddle often	Bath 1 time	Clothes 3 times
NOON—1:00							
1:00 pm—2							
2:00 pm—3							
3:00 pm—4							
4:00 pm—5							
5:00 pm—6							
6:00 pm—7							
7:00 pm—8							
8:00 pm—9							
9:00 pm—10							
10:00 pm—11							
11:00 pm—12							
MIDNIGHT—1							
1:00 am—2							
2:00 am—3							
3:00 am—4							
4:00 am—5							
5:00 am—6							
6:00 am—7							
7:00 am—8							
8:00 am—9							
9:00 am—10							
10:00am-11							
11:00am—noon							

# Growth Records

Baby's Weight \_\_\_\_\_ Length \_\_\_\_\_ Percentile \_\_\_\_\_

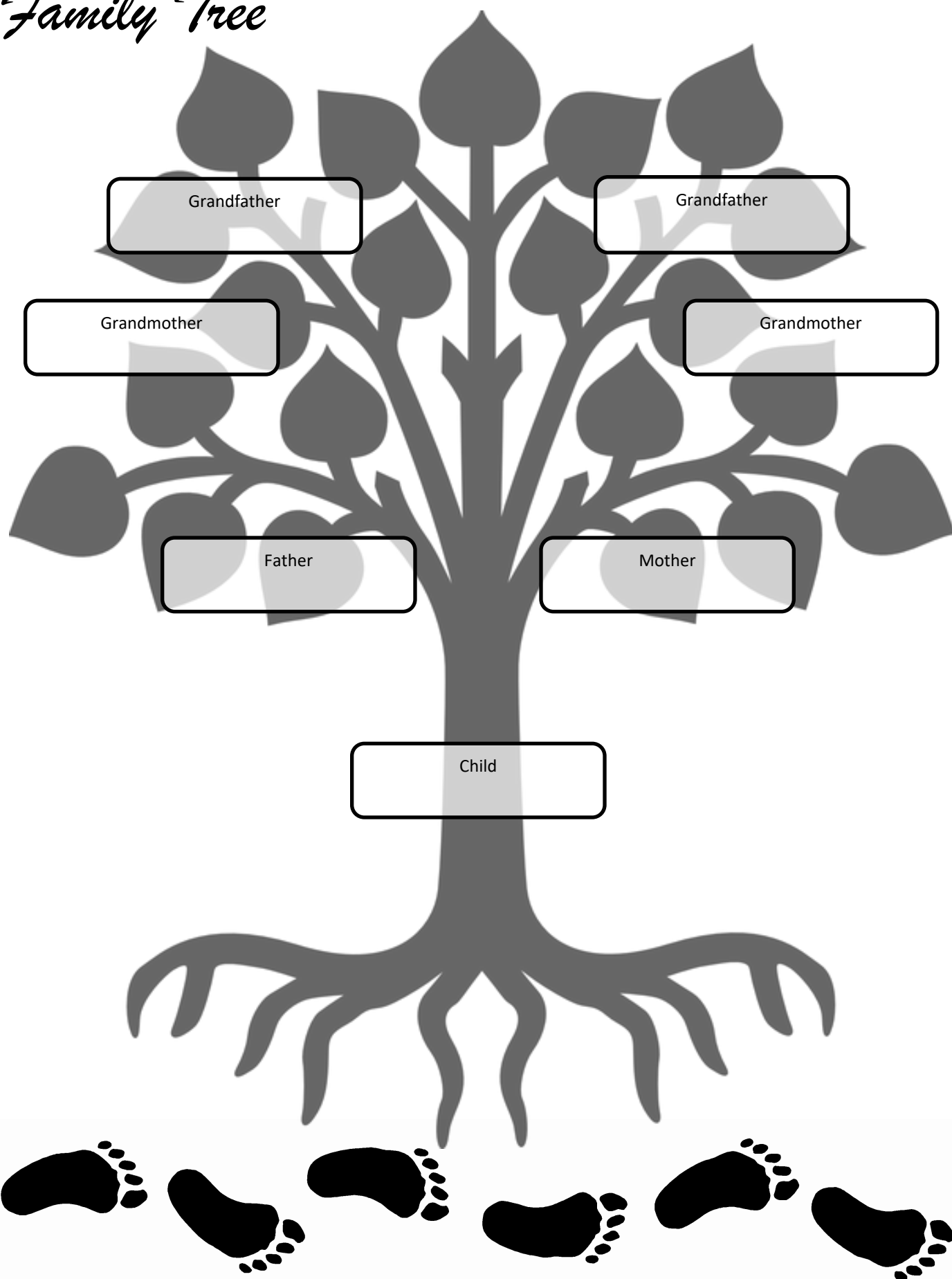


View the growth chart for the gender of your baby. Find the starting weight and length and complete this table for the following ages .

AGE	DATE	WEIGHT	HEIGHT
Birth			
3 months			
6 months			
9 months			
18 months			
24 months			
36 months			



# Family Tree



# Headlines the day Our Baby was Born



Current events

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Political Figures

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Popular Entertainers

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Popular Songs/Artists

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Big Names in Sports

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Popular Movies

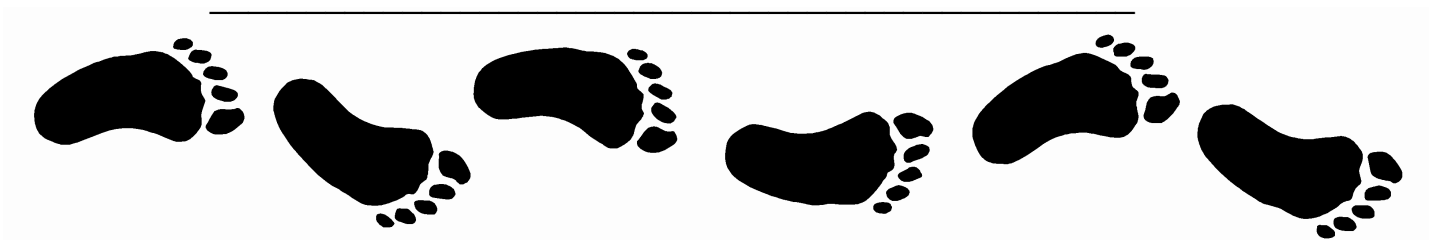
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Fashion Trends

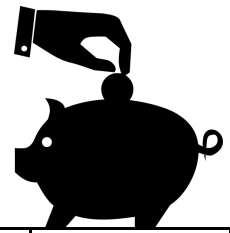
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## Cost of Baby Items

Total \$ \_\_\_\_\_



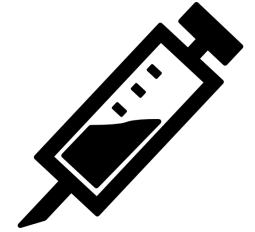
Visit Target.com or Walmart.com to find the cost of the following baby items.

DIAPERING NEEDS	COST
Newborn Diapers (large box)	
Wipes	
Rash ointment	
Diaper Genie	
CLOTHING	COST
Undershirts or onsies (6)	
Sleepers (6)	
Complete Outfit (2)	
Socks (4 pair)	
Sweater/jacket	
Hat	
Swaddler	
BEDDING/BEDROOM	COST
Crib	
Waterproof mattress	
Waterproof mattress cover (2)	
Fitted Crib Sheets (4)	
Lightweight blankets (2)	
Receiving blankets (5)	
Baby Monitor	
Portable Playards	

BATHING NEEDS	COST
Baby bathtub	
Washcloths (10)	
Soft Towels (2-3)	
Infant Health Care Kit	
TRAVEL EQUIPMENT	COST
Car Seat	
Diaper Bag	
Stroller	
Carrier	
FEEDING EQUIPMENT	COST
Breast Pump	
Pads for breastfeeding	
Bottles & nipples (8)	
Bibs	
Sterilizer	
High chair	
Bottle Warmer	
OTHER	COST
Swing	
Gates	
Babyproofing Kits	



# Immunization Records



Starting with your baby's date of birth fill in the date (including year) that your child will receive these vaccines.

Age	Date	HepB	DTaP	Hib	Polio	PCV	RV	MMR	Varicella	HepA	HVP	Flu
Birth		✓										
2 months		✓	✓	✓	✓	✓	✓					
4 months		✓	✓	✓	✓	✓	✓					
6 months			✓	✓	✓	✓	✓					✓
12 months		✓		✓		✓		✓	✓	✓		✓
15 months			✓									✓
18 months					✓					✓		✓
24 months												✓
4 years			✓		✓			✓	✓			✓
7 years												✓
12 years			✓								✓	✓
14-18												✓



## *Reflection on Baby Project*

Answer the following questions as completely and honestly as possible.

1. How did it feel to be the only one who could care for your baby?
2. How did having the baby limit your freedom, socially and in other ways?
3. How did your family and friends react to you being a “parent”?
4. What did you like and dislike about this simulation?
5. How would you rate yourself in this activity? Explain.



# Baby Project Rubrics

## 1. Baby Book

- Letter to Baby ..... 5 \_\_\_\_\_
- Birth Certificate ..... 5 \_\_\_\_\_
- First Visitors & Gifts ..... 5 \_\_\_\_\_
- Announcement ..... 5 \_\_\_\_\_
- Baby Schedule ..... 5 \_\_\_\_\_
- Growth Record ..... 5 \_\_\_\_\_
- Family Tree ..... 5 \_\_\_\_\_
- Headlines ..... 5 \_\_\_\_\_
- Cost of Baby Items ..... 5 \_\_\_\_\_
- Immunization Records ..... 5 \_\_\_\_\_
- Reflection ..... 5 \_\_\_\_\_

## 2. Baby & Supplies

- Baby in good condition ..... 10 \_\_\_\_\_
- Diaper Bag, bottle, clothes ..... 5 \_\_\_\_\_
- Blanket ..... 5 \_\_\_\_\_
- Front Carrier ..... 10 \_\_\_\_\_

## 3. PPT Slides with photos of baby time ..... 15 \_\_\_\_\_

TOTAL \_\_\_\_\_ /100 =

COMMENTS

