

Infant Care Information

Dear Parent,

To serve your child's needs in a more individual manner, please complete this form and return it to your child's teacher(s). We will also ask that, in accordance with State Standards, you update this form every 30 days. Thank you!

Child's Name: _____

Birthday: _____

Bottle Information

Breastmilk or Formula

If formula:

Brand: _____

Preparation Instructions: _____

Amount/frequency for each feeding: _____ oz. every _____ hours

Temperature of bottle: Room Temp Warm Very Warm/NOT HOT

Any helpful tips/tricks/information about bottle feeding for your child? _____

Does your child...

Use a cup/drink water? No Yes

Eat purees? No Yes

If yes, Types: _____

Amount: _____ Frequency: _____

Eat table food? No Yes

If yes, Types: _____

Amount: _____ Frequency: _____

*Please note: Table food cannot be warmed at school. Food can be warmed at home in the morning and put in a thermos for school.

Use a security item (Pacifier, blanket, lovey, etc.)? No Yes - _____

Sit unassisted? No Yes

Roll Over? No Yes

Crawl? No Yes

Walk? No Yes

Sleep Information

Nap Schedule: _____

Helpful hints for getting baby to sleep: _____

Other helpful information: _____

Thank you for allowing us to care for your precious child!

Parent Signature _____

Date: _____