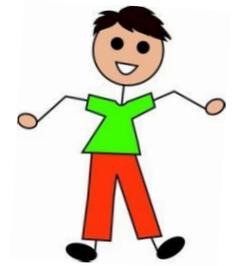




Infant Care Sheet



Dear Parents,

In order to serve your infant's needs in a more individualized manner, we ask that you fill out this form and return it to your child's classroom.

Infant Care Instruction Sheet

Child's Name: _____ Date of Birth _____

Breast Milk: Yes or No Formula Brand (be specific): _____

Warmed: Yes or No _____

Personal Feeding Schedule/Routine: _____

Type of diet: Cereal _____ Meats _____
Vegetables _____ Fruits _____

Allergies: Food _____
Other _____

Symptoms produced _____

Diaper Ointment: _____ Does your child use a pacifier? Yes or No

Naptime Schedule/Routine: _____

*Please label all bottles, food containers, sippy cups and snacks with your child's first name and last initial daily.

Parent's Signature

Date (update monthly)