

# Infant Daily Schedule

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

What are you feeding your infant? (check all that apply)

\_\_\_\_\_ Liquid Foods (formula brand)

\_\_\_\_\_ Breast Milk

Amount and frequency of feedings \_\_\_\_\_

\*Moms are welcome to breast-feed or pump privately in the staff lounge with a "do not enter" note on the door.

My infant likes the bottle (circle one)

Cold

Room Temperature

Warm

Very Warm/Not Hot

Juice (type, amount, when) \_\_\_\_\_

Does your child use a cup yet? \_\_\_\_\_ No \_\_\_\_\_ Yes

Solid Foods (amounts, frequency, temperature to be served, special instructions)

Cereal \_\_\_\_\_

Pre-bought baby foods \_\_\_\_\_

Table foods \_\_\_\_\_

Security Items (pacifier, blanket, etc.) \_\_\_\_\_

Nap schedule and hints for getting your baby to sleep \_\_\_\_\_

\_\_\_\_\_

Sleeping Position \_\_\_\_\_ Back \_\_\_\_\_ Side\* \_\_\_\_\_ Tummy\*

\* A sleep waiver must be signed for side and tummy positions

How often would you like your baby's diaper checked? \_\_\_\_\_

Special Precautions \_\_\_\_\_

\_\_\_\_\_

Helpful additional information \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Caregiver Signature \_\_\_\_\_

Date \_\_\_\_\_

Date form last updated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_