



Infant Information Sheet

Child's Name: _____

Parent's Name: (1) _____ (2) _____

Birthday: _____ Age: _____

1: Bottles:

How often? _____ How much? _____

How is child fed? Held on Lap _____ Infant Seat _____ Other _____

Should we wake the child up to be fed? _____

Does child eat solids? _____ How often? _____

Which solids? _____

How much solids does the child eat? _____

2: Sleeping:

Position? Back _____ Side _____ *Tummy _____ Swaddled _____

*We MUST have a written & signed Doctor's note in order to let your child be put to sleep on their tummy.

Nap Times: (AM) _____ (PM) _____

Is the child allowed to sleep with pacifier? _____

3: Swing:

Does your child like to be in a swing? _____

4: Diapers:

Is diaper rash a problem?_____ How do you treat it?_____

Do you use: Cream_____ Powder_____ Special Wipes_____

5: General Questions:

Does your child use a pacifier? No_____ As needed _____ Nap Only_____

Does your child have a certain "fussy" time? _____ When?_____

What do you do to comfort them? _____

Any special concerns? _____

How does your child relate to strangers? _____

Any other comments or special instructions? _____

By signing below, you verify that all comments are correct and accurate.

Parent Signature: _____

Today's Date: _____

INFANT FEEDING INSTRUCTIONS

Child's name:		Date of birth:
Feeding		
Type of Milk or Formula:		Bottle: Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies		
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Explain:	
Foods		
Introduced: See Attached List on page 2.		
Consistency: <input type="checkbox"/> Puree <input type="checkbox"/> Junior <input type="checkbox"/> Table		
Food Likes:	Food Dislikes:	
Method of Feeding:		
Utensils used: <input type="checkbox"/> Cup <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Other:		
Explain:		

Feeding Schedules and Updates:

Date	Time	Foods	Amount	Time	Foods	Amount

Comments:	
Date:	Parent's signature:

Update as new foods are introduced or changes occur.
Post in kitchen and activity area.
All feeding instructions must be retained for 12 months (centers).

FOODS LIST

Child's Name: _____

Foods and dates introduced at home:

VEGETABLES					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Carrots		Squash			
Creamed Corn		Potatoes			
Creamed Spinach		Sweet Potatoes			
Green Beans					
Peas					

FRUITS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Apple Sauce		Prunes			
Bananas		Plums			
Peaches		Apple Strawberry			
Pears		Banana Strawberry			
Bananas w/Apples		Apricots			
Prunes w/Apples					

MEATS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Beef		Lamb			
Chicken		Ham			
Turkey		Veal			

MIXED FOODS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Veg/Ham		Mixed Turkey			
Veg/Bacon		Chicken Noodle			
Veg/Turkey		Lasagna			
Apples/Turkey		Spaghetti			
Apples/Chicken		Veg/Pasta			
Pears/Chicken					

CEREALS					
FOOD	DATE	FOOD	DATE	FOOD	DATE
Rice					
Oatmeal					
Mixed					

COMMENTS and Additional Information:

DATE: _____ SIGNATURE: _____

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Things I need on my first day in the Infant Room.....

- *Make sure that all items are labeled with first and last name.*
- *Copy of your infant's current daily schedule (i.e., feedings – time, type, and amount, nap time – time and length, etc.). Be sure to include anything that you think would be helpful for their teacher to know such as signs of tiredness, signs of hunger, ways to help them fall asleep, etc.)
- *Diapers
- *Wipes
- *Diaper Cream
- *Bottles of fresh breast milk or prepared formula (as many as needed, filled with the appropriate amount for each feeding, plus extra just in case)
- *Jar or Prepared Baby Food/Cereal (if of the appropriate age), Spoons, Bowls
- *Pacifier (if needed)
- *Bibs/Burp rags (enough for the week)
- *Extra clothes in zip lock bags (onesies/shirts, shorts, pants)
- *Socks for inside (air conditioning)
- *Sweater/Jacket for inside (air conditioning)

- *Sun hat
- *Sunscreen (6+ months)
- *Clorox Wipes

Things that need to be replenished.....

Diapers	Diaper Cream	_____
Wipes	Bottles	_____
Extra Clothes	Baby Food	_____
Bibs	Burp Rags	_____