



**INFANT INFORMATION FORM**

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 BIRTHDAY \_\_\_\_\_

IS CHILD BREAST-FED? YES \_\_\_\_\_ NO \_\_\_\_\_  
 DOES THE CHILD TAKE A BOTTLE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IS THE BOTTLE WARMED? YES \_\_\_\_\_ NO \_\_\_\_\_  
 DOES THE CHILD HOLD OWN BOTTLE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 CAN THE CHILD FEED SELF? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES THE CHILD EAT:  
 BABY CEREAL \_\_\_\_\_ FORMULA \_\_\_\_\_  
 STRAINED FOODS \_\_\_\_\_ WHOLE MILK \_\_\_\_\_  
 BABY FOODS \_\_\_\_\_ OTHER \_\_\_\_\_  
 TABLE FOOD \_\_\_\_\_

DOES THE CHILD TAKE A PACIFIER? YES \_\_\_\_\_ NO \_\_\_\_\_  
 WHEN? \_\_\_\_\_

HOW DOES CHILD SLEEP (STOMACH/BACK/SIDE)? \_\_\_\_\_

DOES CHILD NEED SPECIAL BLANKET, STUFFED ANIMAL, ETC. TO SLEEP? YES \_\_\_\_\_ NO \_\_\_\_\_  
 WHAT? \_\_\_\_\_

FOOD LIKES \_\_\_\_\_ DISLIKES \_\_\_\_\_  
 ALLERGIES? \_\_\_\_\_

SPECIAL DIAPERING INFORMATION: \_\_\_\_\_  
 WHAT DO YOU USE FOR DIAPER RASH? \_\_\_\_\_

**CHILD'S SCHEDULE**

BREAKFAST	_____	_____
	(APPROXIMATE TIME)	TYPES AND APPROPRIATE AMOUNTS OF FOOD
LUNCH	_____	_____
	(APPROXIMATE TIME)	TYPES AND APPROPRIATE AMOUNTS OF FOOD
DINNER	_____	_____
	(APPROXIMATE TIME)	TYPES AND APPROPRIATE AMOUNTS OF FOOD
MORNING NAP	_____	AFTERNOON NAP _____
	(APPROXIMATE TIME)	(APPROXIMATE TIME)

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 PARENT'S SIGNATURE