

Infant/ Toddler Schedule

Child's name: _____ Date of Birth: _____

Primary Caregiver: AM _____ Primary Caregiver: PM _____

Sleeping Patterns: _____

Pattern of Activities:

Indoor:

Outdoor: _____

Expected Diapering Schedule: _____

Expected Feeding Schedule:	Amount:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medications: _____

Allergies: _____

Additional Information: _____

Parent Signature

Date Completed