

Tell us about your **BABY!**

This form must be updated every 30 days!

Baby Name: _____ **Age:** _____ **DOB:** _____

Allergies or important Medical Information: _____

While changing my child's diaper, please do this (yes, we can apply diaper cream! Just let us know):

During nap time, please remember this about my child: _____

Pacifier Yes or No Specific Times Only? _____

Bottles/Cups:

My baby prefers a (circle please) **bottle** **cup**

(Circle all that applies) Formula Breast Milk Juice Whole Milk

Prepare _____ oz. Every _____ hours Warm or Cold

Special Instructions: _____

Food: (Please put a check by what your baby is able to eat)

_____ **Cereal:**

List how much to serve and when: _____

Is this mixed with water/formula or from a jar: _____

Special Instructions: _____

_____ **Jar Food:**

Vegetables: when _____ how much _____ **Fruit:** when _____ how much _____

Meats: when _____ how much _____

Special Instructions: _____

_____ **My Baby may eat the items listed on the menu except:** _____

Parent Signature: _____

Date: _____

*How can we help
make your day better?*