



Infant Information for Childcare

Child's Name:	Nickname:
Child's Date of Birth:	Siblings enrolled:
What are you feeding your infant? <input type="checkbox"/> Breast milk <input type="checkbox"/> Formula	
Formula preparation: (if center is to prepare)	
Amount each feeding:	Frequency of feedings:
My infant likes a bottle warmed: (check one) <input type="checkbox"/> Room temp <input type="checkbox"/> Warm	
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Solid foods: (amounts & frequency)	
Security Items: (pacifier, blankies, etc.)	
<small>* Blankets will not be used during rest time, sleep sacks or swaddle blankets can be used and must be provided.</small>	
Nap schedule:	
Hints for getting baby to sleep:	
Any additional information about your child that would be helpful or you would like staff to know:	
Parent name:	Phone: