



**INFANT / TODDLER SCHEDULE**  
**(To be updated every two months)**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Child's Age (in months): \_\_\_\_\_ Arrives (time): \_\_\_\_\_ Leaves (time): \_\_\_\_\_

Eating Times: \_\_\_\_\_  
Foods/Formulas Given: \_\_\_\_\_  
Amounts: \_\_\_\_\_  
Bottles/Food heated or given cold: \_\_\_\_\_

I don't like to eat: \_\_\_\_\_  
I'd like to try these new foods: \_\_\_\_\_

Sleeping Times: \_\_\_\_\_  
Routine (blanket, rocker, pacifier): \_\_\_\_\_

Elimination: Color \_\_\_\_\_ Consistency: \_\_\_\_\_  
Recommended times of changes: \_\_\_\_\_  
Powder/Creams: \_\_\_\_\_

At home, I like to \_\_\_\_\_  
At home, I don't like to \_\_\_\_\_  
Form of discipline used at home: \_\_\_\_\_  
Recent changes in family routine or environment that may affect my child: \_\_\_\_\_  
\_\_\_\_\_

Are there any indications of developmental, vision, hearing or speech delays? Please specify. \_\_\_\_\_  
\_\_\_\_\_

Language(s), other than English, spoken at home: \_\_\_\_\_

Known allergies or dietary restrictions? \_\_\_\_\_  
Any feeding recommendations from your pediatrician? \_\_\_\_\_

Is there any other information that could help us take better care of your child? \_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_

|                                 |       |
|---------------------------------|-------|
| My primary caregiver(s) is/are: | Time: |
| _____                           | _____ |
| _____                           | _____ |
| _____                           | _____ |

Parent name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_