

Infant Information

Child's Name: _____

Feeding Schedule

Bottles Every _____ to _____ hours.

Breakfast _____
(8:30 AM)

Lunch _____
(11:30 AM)

Snack _____
(3:30 PM)

Allergies _____

Pacifier Yes or No (Please circle one)

Any other helpful information needed to make your child's day brighter?

Parent's Signature _____ Date _____

Date/Initial _____
Date/Initial _____
Date/Initial _____
Date/Initial _____

Date/Initial _____
Date/Initial _____
Date/Initial _____
Date/Initial _____

Date/Initial _____
Date/Initial _____
Date/Initial _____
Date/Initial _____