



Little Schoolhouse

Infant Schedule

Child's Name: _____ Date of Birth: _____

Feeding Schedule

Liquid Consumed: (circle one) Breast Milk, Formula, Whole Milk If special formula: _____

If using our formula: Generic Brand Regular Formula with Iron

My child takes a bottle: On Demand or Every 2, 3, 4 hours (circle one) Serve Bottles: Cold, Room Temperature, Warmed up

Special Feeding Instructions: _____

Baby eats baby food? YES/NO Circle One: Parent Provides: Organic, Homemade School Provides Basic Brands: Gerber, etc.

Baby eats table food? YES/NO Circle One: Parent's Provide all food or School provides food Special feeding instructions: _____

Sleeping Schedule

Normal Naptime information (circle one) Number of Naps Per Day 1 2 3 Length of naps: 1 2 3 (hours)

Special Naptime Notes: _____

Special Instructions

Known Allergies: _____

I will provide my child's diapers or wipes & creams: YES/NO

My Child will use the diapers, wipes and creams provided by the school: YES/NO

In our attempt to provide the best possible care for your infant. Therefore, in accordance with the American Pediatric Association's, the following policies are implemented.

- ✓ Infants are always placed on their backs to sleep with nothing inside the crib.
- ✓ Bottles are never propped. Infants unable to hold their own bottles will be held during feedings.
- ✓ Children are not allowed to walk around with bottles, cups, or food.
- ✓ Walkers are not used.
- ✓ See Infant Care Policies
- ✓ See Safe Sleep document

I have read and I am aware of the above recommendations of the American Pediatric Association. The above information must be updated at the very least MONTHLY! Thank you for allowing us to care for and love your child.

Parent's Signature: _____ Date: _____

Updated: _____ Initials: _____ Updated: _____ Initials: _____ Updated: _____ Initials: _____

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