

Infant Care Instructions

Dear Parent:

In order to serve your infant's needs in a more individual manner, we ask that you complete this form and return it to us or your child's teacher.

Child's Name _____ Birthday _____

Type of Formula (be specific) _____ Warmed? _____

Type of Juice(s) _____

Type of Diet: Cereal _____ Meats _____

Vegetables _____ Fruits _____

Allergies Food _____

Skin _____

Other _____

Skin care: Ointment _____ Special Soap _____

Sleeping Position: On Stomach _____ On Back _____ On Side _____

Does your baby use a pacifier? Yes _____ No _____

Other Helpful Information (please include schedule for feeding, sleeping, etc.).

Thank you for allowing us to care for your child. Please update this information as necessary.

Parent Signature

Date