

# 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