Date: _____

INFANT INFORMATION FORM

This form must be updated monthly

Child's Name: _____ Date of Birth: _____

Any known allergies: _____

Bottle Information

DOES THE CHILD TAKE A BOTTLE WELL? YES ____ NO ____ DOES THE CHILD HOLD OWN BOTTLE: YES ____ NO ____
IS THE BOTTLE WARMED? YES ____ NO ____

WHAT IS THE CHILD FED BY BOTTLE: FORMULA _____ BREAST MILK _____ WHOLE MILK _____
If child will be fed Breast Milk at Growing Room: Growing Room will store all breast milk bottles in the front office refrigerator and warm bottles in the parent provided bottle warmer. Please complete the specific instructions below regarding the preparation, feeding, and returning of your child's bottle containing breast milk.

My child's breast milk bottle should be placed in the provided warmer for _____ minutes. If my child does not drink the full bottle immediately, my child should be offered the breast milk bottle for up to _____ minutes after warming. After this time, any remaining breast milk will be stored in the front desk refrigerator, not to be reused, and returned to the parent at the end of the day.

Other Information

Does your child eat the following:
BABY CEREAL? YES _____ NO _____ STRAINED FOOD? YES _____ NO_____
BABY FOOD? YES _____ NO _____ TABLE FOOD? YES _____ NO_____

CAN THE CHILD FEED SELF? YES _____ NO _____

DOES THE CHILD TAKE A PACIFIER? YES _____ NO _____ If yes, when? _____

HOW DOES CHILD SLEEP? _____
(We are only permitted to lay infants on back to sleep. Licensing prohibits blankets and/or stuffed animals to be placed in the crib.)

SPECIAL DIAPERING INFORMATION: _____
(Medication Forms and Prescriber Authorization Forms must be provided in order to apply diaper creams/lotions.)

CHILD'S SCHEDULE

BREAKFAST _____ (Approximate Time) Types/Appropriate Amounts of Food: _____

LUNCH _____ (Approximate Time) Types/Appropriate Amounts of Food: _____

DINNER _____(Approximate Time) Types/Appropriate Amounts of Food: _____

MORNING NAP _____ AFTERNOON NAP _____ (APPROXIMATE TIMES)

Special Instructions: _____
(Feel free to provide more details on the back of this form).

PARENT SIGNATURE: _____ **DATE:** _____