



INFANT SCHEDULE

(Updated every 2 months)

Today's Date: _____

Parents: Please provide general information about your child's routine

Child's Name: _____ Child's Age (in months): _____

Arrival time: _____ Pick-up time: _____

Eating Times: _____

Bottles / Food heated or given cold: _____

Foods / Formulas Given: _____

Amounts: _____

Known Allergies / Dietary Restrictions: _____

Sleeping Times: _____

Routine (blanket, rocked, pacifier): _____

At home I like to: _____

At home I don't like to: _____

Recent changes in family routine or environment that may affect my child:

Are there any indications of developmental, vision, hearing or speech delays? Please specify:

Is there any information that will help us take better care of your child?

My primary caregiver(s) is/are:

1. _____

2. _____

3. _____

Parent Name (printed): _____

Parent Signature: _____ Date: _____