



## INFANT SCHEDULE (Updated every 2 months)

Today's Date: \_\_\_\_\_ Enrollment Start Date: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Age (in months): \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Eating Times: \_\_\_\_\_

Bottles/Food heated or given cold: \_\_\_\_\_

Foods/Formula given: \_\_\_\_\_

Amounts: \_\_\_\_\_

Known Allergies/Dietary Restrictions: \_\_\_\_\_

Sleeping Times: \_\_\_\_\_

Routine (blanket, rocked, pacifier): \_\_\_\_\_

At home I like to: \_\_\_\_\_

At home I do not 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):

1. \_\_\_\_\_, who is the child's \_\_\_\_\_
2. \_\_\_\_\_, who is the child's \_\_\_\_\_
3. \_\_\_\_\_, who is the child's \_\_\_\_\_

Parent's printed name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_