



## Infant Information Sheet

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

	Yes	No		Yes	No
Does child take bottle?	_____	_____	Does your child eat:		
Is the bottle warmed?	_____	_____	Strained Foods	_____	_____
Does child hold bottle?	_____	_____	Baby Foods	_____	_____
Can child feed self?	_____	_____	Formula	_____	_____
Does child take pacifier?	_____	_____	Whole Milk	_____	_____
			Table Foods	_____	_____
			Juice	_____	_____
			Other _____		
			_____		

What type of formula used?		Date: _____
Amount of formula to be given:		Date: _____
Updated amounts of formula:		Date: _____
		Date: _____
		Date: _____

Food Likes: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_

If any creams, ointments, or lotions are needed, a medication form will be necessary.

Bottles must be labeled with first and last name and dated.

**Kids 'R' Kids follows the recommendations of the SIDS Alliance sleeping practices for infants.**

Instructions for introducing solid foods: \_\_\_\_\_

Child's Schedule	Approximate Time	Types and Approximate Amounts of Food
Breakfast		
Lunch		
Dinner		
Morning Nap		
Afternoon Nap		

Additional

Instructions: \_\_\_\_\_

I understand it is my responsibility to keep Kids 'R' Kids Schools of Quality Learning updated, in writing, as my child's needs change.

**Please update every 30 days or as any of the above information changes.**

\_\_\_\_\_  
Parent's Signature