



Infant Information Sheet

Child's Name: _____ Date: _____
 Birthday: _____

	Yes	No	
Does child take bottle:	<input type="radio"/>	<input type="radio"/>	Strained Foods <input type="radio"/>
Is the bottle warmed?	<input type="radio"/>	<input type="radio"/>	Baby Food <input type="radio"/>
Does the child hold own bottle?	<input type="radio"/>	<input type="radio"/>	Formula <input type="radio"/>
Can the child feed self?	<input type="radio"/>	<input type="radio"/>	Whole Milk <input type="radio"/>
Does your child take a pacifier?	<input type="radio"/>	<input type="radio"/>	Table Foods <input type="radio"/>
			Other <input type="radio"/>

Does your child need a special blanket, stuffed animal, etc. to sleep? Yes No What? _____

What type of formula used? _____

Amount of formula to be given: _____ Date: _____

Updated amounts of formula: _____ Date: _____

_____ Date: _____

_____ Date: _____

Food likes: _____ Food dislikes: _____

Allergies (including any premixed formula)? _____

Do you use powder when changing your child? Yes No

Instructions for introducing foods: _____

I understand it is my responsibility to keep StarChild Academy child care center updated as my child's needs change. Please update every 30 days.

Child's Schedule	Time Available	Approx. Time	Types and Approximate Amounts of Food
Breakfast	6:00 - 8:30		
Morning Snack	9:00 - 10:00		
Lunch	10:45 - 12:45		
Afternoon Snack	2:00 - 3:00		

Parent's Signature