

Infant Information

Date: _____

Age (in Months): _____

Allergies: _____

Brother or Sister in daycare: _____ If so Name: _____

Nursing: _____

Bottle Fed: _____ How many Bottles: _____ Bottle Times: _____

Last Diaper Change? _____ Diaper Rash: _____

Teething: _____

Colic: _____

Special Blanket or Stuffed animal? _____

Soother: _____

Child Sitting: _____ Walking: _____ Crawling: _____

Sleeping Habits (Rocked, Wrapped, Back Rubbing) _____

Nap times? AM: _____ PM: _____

Sleep Sac: _____

Special

Instructions _____

*Please note that we try to follow infant schedules to the best of our ability. This is a new environment with new people, smells and surroundings.

