

Infant Information

Child's Full Name: _____ Date: _____

Age (in Months): _____

Allergies: _____

Sibling in daycare: YES/NO Name: _____

Nursing: YES/NO

Bottle Fed: YES/NO How Many Brought: ____ Times: _____ Warmed: Yes/No

Last Diaper Change: _____ Diaper Rash: YES/NO Diaper Cream: YES/NO

Teething: YES/NO

Labelled Special Blanket or Stuffed animal? _____ Soother: YES/NO

Child Sitting: YES/NO Walking: YES/NO Crawling: YES/NO

Nap Times: _____

Sleep Habit (rocked, wrapped, back rubbing, pats etc...) _____

Sleep Sac: YES/NO

Any 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.