

INFANT INDIVIDUAL SCHEDULES

(Please update as needed)

Baby's Name: _____ D.O.B. _____ Today's Date: _____

Parent's Names: _____

Formula (Brand): _____ Powder Concentrate Ready-to-feed Breast milk

Normally drinks _____ oz. Every _____ hours

_____ Prefer a schedule of _____ hours between feedings.

_____ Prefer Baby follow his/her own internal schedule. (Feed on demand).

Normally naps at _____, _____, _____ for _____ min/hrs.

Parents provide diapers and diaper cream (a medication form must be signed by a physician). Parents also provide wipes to be shared by all children.

Diapering Instructions: _____

Your notes that will help us care for your baby in a manner consistent with their schedule at home and other specific instructions: _____

Parent Note: any medications, over the counter or prescription, must be logged in daily at the front desk. Individual medication sheet and child daily report should reflect the need for medication.

Solids: _____, _____, _____
(Times) (Types) (Quantity)

Finger Foods: _____
(Types)

Table Foods: _____
(Types – see St. Therese Menu)

Foods you prefer your baby NOT eat: _____

Allergies: _____

