



INFANT INFORMATION SHEET

Child Name: _____ Date: _____ Birth Date: _____

Does child take bottle? Yes No
 Is the bottle warmed? Yes No

Does your child eat:
 Strained Foods Yes No
 Baby Foods Yes No
 Formula Yes No
 Whole Milk Yes No
 Table Foods Yes No
 Juice Yes No

Instructions to be followed when child takes a bottle:
 Bottles must be premixed, labeled, dated and ready to be served.

Instructions for giving formula:
 What type of formula used: _____
 Amount of formula to be given: _____
 Updated amounts of formula: _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Food Likes: _____ Food Dislikes: _____

Does child feed self? Yes No
 Does child take pacifier? Yes No

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

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 review/update every 30 days if any of the above information changes.

 Parent's Signature

 Date