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

Finger Foods: _____
(Types)

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

Foods you prefer your baby NOT eat: _____

Allergies: _____