

SCHEDULE PLAN FOR INFANTS/TODDLERS

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT' NAME: _____ PHONE #: _____

DAILY SCHEDULE

My Child - USUALLY - ALWAYS - DOESNOT follow(s) the same schedule everyday.

My Child usually drinks _____ bottles/cups throughout the day.

What Formula? _____ What Milk? _____ Bottled Water? YES - NO
(Daycare supplies whole milk up to the age of 2 and then 1% milk for all others) (Parent must supply bottled water)

Expressed Breast Milk (supplied daily) YES / NO ----- Parent will come to center to breastfeed YES / NO

Instructions for formula/milk and juice bottles/cups: **{BE SPECIFIC}** _____

My child - DOES - DOESNOT eat table food at the present time. {See Posted Menu}

Parents MUST Supply ALL Necessary Baby Food & Formula (each and every day)

Instructions for mealtime (baby food, table food, etc.) **{BE SPECIFIC}** _____

Special instructions needed for the care of my child **{BE SPECIFIC}** _____

My child maybe given a bottle/cup in the crib/matt:	YES	NO	N/A
My child maybe given a bottle in an infant seat:	YES	NO	N/A
My child maybe fed infant cereal from a feeder or bottle:	YES	NO	N/A
My child maybe in an exersaucer (walker w/o wheels):	YES	NO	N/A
My child has allergies to: _____			

Emergency procedures to allergies, if any: _____

You Must Bring In At Least 5 (five) Diapers (pull-ups) Each & Everyday OR You Will Be Charged \$1.00/Diaper(pull-up), If We Have To Borrow

I understand that I must ask questions that concern my child. We welcome any comments

Parents Signature: _____ Date: _____

Parents, please remember to label ALL child(s) supplies with first & last names!