



Infant My Day

Name: _____

D.O.B. _____

Days & Times At Center: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Medications Give Daily At Center _____

My Feeding Schedule

If child eats powdered formula how much formula do you put in the bottle? _____

The Center offers tap and Poland Spring Water, which do you prefer? _____

How much water goes into the bottle? _____

My Napping Schedule

Any other information you would like to share with us to make your child's day comfortable & fun?

Authorized by: _____ Date: _____

This document needs to be updated each time the feeding or napping schedule changes.



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