

Infant Schedule

This schedule is designed to help the caregivers adjust to your child's needs and assist them in their goal of getting to know your child. Please fill out the information that pertains to the best of your ability,

Sleeping Schedule:

Does your child have any special sleeping needs?

Does your baby like to be rocked?

Great Beginnings and the American Association of Pediatrics recommend that children be put to sleep on their backs. What position does your baby like? What do you recommend for your child?

What is your usual routine for putting your baby to bed?

When and how long does your child usually rest?

Food Schedule:

Milk/Formula: _____ whole

_____ cup _____ skim

_____ bottle _____ formula

_____ breast milk

_____ heated _____ room temperature _____ cool

Juice:

_____ pineapple

_____ apple

_____ white grape

_____ grape

Schedule for formula/juice:

Wipes Preference _____ unscented

_____ scented

Diapering crème needs: _____ daily

_____ as needed

_____ do not use unless parent requests

Daily Schedule

7:00

8:00

9:00

10:00

11:00

12:00

1:00

2:00

3:00

4:00

5:00

6:00

Please use this space for any additional comments you would like to make regarding your child's care.

Thank you.