



INFANT CARE INSTRUCTIONS

Dear Parent:

In order to serve your Infant's needs in a more individual manner, we ask that you complete this form and return it to us or your child's teacher no later than next week.

Child's Name _____ Birthday _____

Type of Formula (be specific) _____ Warmed _____

Type of Juice(s) _____

Type of Diet: Cereal _____ Meats _____

Vegetables _____ Fruits _____

Allergies: Food _____

Skin _____

Other _____

Skin Care: Ointment _____ Special Soap _____

Sleeping Position: The baby will be sleeping on his back unless directed otherwise by a physician in writing.

Other Helpful Information (please include schedule for feeding, sleeping, etc.)

Thank you for allowing us to care for your child. Please update this information as necessary.

Parent Signature

Date

Update in 30 days on _____.