



## 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.