Place
Photo of Child Here

Name: ______________________ Date: ____________

Age: ______________________ Weight: ____________

Allergies: ______________________________________

(If Allergies are noted please complete the Anaphylactic Alert Review Plan)

Bottle Schedule	Time	Comments
❒ Breast Milk ❒ Formula ❒ Homo Milk	________	______________
❒ Breast Milk ❒ Formula ❒ Homo Milk	________	______________
❒ Breast Milk ❒ Formula ❒ Homo Milk	________	______________
❒ Breast Milk ❒ Formula ❒ Homo Milk	________	______________
❒ Breast Milk ❒ Formula ❒ Homo Milk	________	______________

Formula Used: ______________________________

Solid Food Schedule	Time	Comments
❒ Cereal ❒ Bottle Food ❒ Table Food	______	______________________
❒ Cereal ❒ Bottle Food ❒ Table Food	______	______________________
❒ Cereal ❒ Bottle Food ❒ Table Food	______	______________________
❒ Cereal ❒ Bottle Food ❒ Table Food	______	______________________
❒ Cereal ❒ Bottle Food ❒ Table Food	______	______________________

New Food to be Introduced: ______________________________

(Please Complete the New Food Monitoring Form below)

Sleep Schedule

From: ______________________ To: ______________________

From: ______________________ To: ______________________

From: ______________________ To: ______________________

I have been consulted with respect to my child's sleeping arrangements and understand that if changes to these arrangements are required I will be notified. (Policy 4.6)

Children younger than 12 months shall be placed on their backs in accordance with the recommendations of the Joint Statement of Safe Sleep. Should a child require an alternate placement for sleep, a written recommendation from the child's physician is required and shall be kept in the child's file and retained for three years

Childs Name: ______________________________

New Food Monitoring (This form is to be updated as new foods are introduced) (Please indicate with a check mark foods that have already been introduced)				
Food	**Yes**	**Initial**	**Date**	**Comments**
Formula				
Milk Homo, 2%				
Meat Chicken, Beef				
Cereal				
Fruits:				
❒ Apples				
❒ Oranges				
❒ Banana				
❒ Pear				
❒ Strawberries				
❒ Kiwi				
❒ Watermelon				
❒ Blueberries				
❒ Pineapple				
Egg				
Egg White				
Peanuts				
Fish				
Shell Fish				
Wheat				
Honey				
Tree Nuts				
Soy				
Sesame Seeds				
(For other foods please name the food in the comments section)				
Other				
Other				

Childs Name: ____

____

My Personality

When I am tired I: ____

When I am hungry I: ____

Normal Temperature: ____________________ Normal Time for BM: ____________________

Notes: ____

____

____

____

____

Milestones I am working on: ____

____

____

____

____

Information Update Signoff

Information Update Date: ____________________ Updated by: ____________________

Information Update Date: ____________________ Updated by: ____________________

Information Update Date: ____________________ Updated by: ____________________

Information Update Date: ____________________ Updated by: ____________________

Information Update Date: ____________________ Updated by: ____________________

Information Update Date: ____________________ Updated by: ____________________