

INFANT INFORMATION

Child's Name _____ Birth Date _____

Feeding Information

- Is your child breast-fed? _____ If so, will you bring breast milk? _____
- Can we supplement with formula? _____
We supply Member's Mark, Parent's Choice Advantage and Parent's Choice Soy Formula. Which of these do you prefer or will you supply your own choice? _____ If so, what formula will your child use? _____
- Frequency of feedings? _____
- Approximate amount of formula taken at feeding time? _____
- Do you heat the formula, or feed at room temperature? _____
- Has your child started solids? If yes, which ones?
 - Fruits
 - Vegetables
 - Cereals
 - Meats
 - Juices
- Does your child need to be burped? _____ How often? _____
- Are you aware of any allergies or food intolerance? _____

Sleeping Patterns and Habits

- Does your child use a pacifier? _____
- Is your child rocked to sleep? _____
- How many naps a day? _____
- Average length of naps? _____
- Light or sound sleeper? _____
- Does your child like to be swaddled and how? _____

Diapering

- Do you use powder or any ointment when diapering? _____
- What do you prefer we do for diaper rash? _____

Items to bring to the Center

- Blanket, extra clothes, diapers, diaper wipes, box of Kleenex, pacifier, 3 bottles with caps, liners for Playtex bottles if needed, diaper ointment (fill out Medication Form) and formula (if not using type supplied by Center).

**Please remember to fill out daily information sheet and
also to sign-in your child at the sign-in desk!**