

SCHEDULE PLAN FOR INFANTS/TODDLERS

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT' NAME: _____ PHONE #: _____

DAILY SCHEDULE

My Child - USUALLY - ALWAYS - DOESNOT follow(s) the same schedule everyday.

My Child usually drinks _____ bottles/cups throughout the day.

What Formula? _____ What Milk? _____ Bottled Water? YES - NO
(Daycare supplies whole milk up to the age of 2 and then 1% milk for all others) (Parent must supply bottled water)

Expressed Breast Milk (supplied daily) YES / NO ----- Parent will come to center to breastfeed YES / NO

Instructions for formula/milk and juice bottles/cups: {BE SPECIFIC} _____

My child - DOES - DOESNOT eat table food at the present time. {See Posted Menu}

Parents MUST Supply ALL Necessary Baby Food & Formula (each and every day)

Instructions for mealtime (baby food, table food, etc.) {BE SPECIFIC} _____

Special instructions needed for the care of my child {BE SPECIFIC} _____

| | | | |
|---|-----|----|-----|
| My child may be given a bottle/cup in the crib/matt: | YES | NO | N/A |
| My child may be fed infant cereal in a bottle: | YES | NO | N/A |
| My child may be in an exersaucer (walker without wheels): | YES | NO | N/A |

My child has allergies to: _____

Emergency procedures to allergies, if any: _____

You Must Bring In At Least 5 (five) Diapers (pull-ups) Each & Everyday OR You Will Be Charged \$1.00/Diaper(pull-up), If We Have To Borrow

***I understand that vaseline will be used if my child develops a rash or other skin irritant, unless directly notified by the parent (guardian).

***I understand that I must ask questions that concern my child. We welcome any comments

Parents Signature: _____ Date: _____

Parents, please remember to label ALL child(s) supplies with first & last names!
