

# 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 your child's teacher.

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Type of Formula (be specific): \_\_\_\_\_

Type of Juice(s): \_\_\_\_\_

Type of Diet:

Cereal: \_\_\_\_\_ Vegetables: \_\_\_\_\_

Fruits: \_\_\_\_\_ Meats: \_\_\_\_\_

Allergies:

Food: \_\_\_\_\_

Skin: \_\_\_\_\_

Other: \_\_\_\_\_

Skin Care:

Ointment: \_\_\_\_\_

Special Soap: \_\_\_\_\_

Does your baby use a pacifier?      Yes \_\_\_\_\_      No \_\_\_\_\_

Other helpful information (please include schedule for feeding, sleeping, etc.)

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_