



Infant Information Sheet

This information should be completed by the parents prior to the first day at Academy of Young Minds. This information should also be updated every month as the infant's needs are changing.



Child's Name: _____
Nickname: _____
Child's birthday: _____
Parents' Name: _____
Siblings Name(s): _____

DAILY SCHEDULE

Liquid foods: Breast Milk or Formula
Please bring in bottles ready to feed and labeled with your child's name and the date.
Amount at Feedings: _____
Frequency of Feedings: _____
Infant likes bottle warmed: Room Temperature Warm Very Warm/NOT HOT
Juice (Type, amount, when): _____
Does child use a cup yet? _____
Solid Foods: Baby Food (Brands, types, amounts, frequency): _____

Are foods served room temp. or warmed? _____
Table Foods: (Types, amounts, frequency, special instructions): _____

Security Items: (Pacifiers, Blankets, etc...) _____

Nap Schedule: _____
hints for getting baby to sleep: _____
Updated 9/06