



Infant or Toddler Care Form

Child's Name _____ Date of Birth _____

We want to give your child the very best of care and we need your help to make his/her day as routine as possible. Please update this form as needed.

SPECIAL HABITS:

SLEEPING HABITS

FEEDING HABITS

How often does your child take a bottle and how much is consumed at each feeding?

Times and amounts of food your child eats during the day.

OTHER SPECIAL NEEDS

ALLERGIES

PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM CENTER

PHONE NUMBERS

Parents home phone _____
Mothers work phone _____
Fathers work phone _____
Other _____

Parents Signature

Date