

INFANT INFORMATION SHEET

**To be updated by parent/guardian anytime there is a change in the child's daily routine.*

Child's Name: _____ Date: _____

Parents/Guardians please fill out the information below:

Feeding: Breastfed or Formula (circle one)

Brand of Formula: _____

Frequency _____ Amount _____

Is the child fed on-demand? Yes or No

Home Feeding Schedule: _____

Uses a pacifier? Yes or No (if yes, please provide a clip)

Sleep Schedule/ Routine: _____

How does your child typically fall asleep? (rub back, rock, on own)

Brand of Diapers: _____ Brand of Wipes: _____

Diaper Routine: _____

Favorite songs, games, toys, security item, soothing routine etc:

Thank you for trusting us with your precious little one. Please feel free to contact us at any time, (845)568-6100 or registration@healthykidsprograms.com

Parent/Guardian Initial _____ Date _____

