

# Feeding Schedule & Napping Schedule

## Infant 6wks.-12mo.

Child's Name: \_\_\_\_\_

My child consumes (please circle):

Breast milk

Formula (please specify): \_\_\_\_\_

Known Food Allergies: \_\_\_\_\_

Approximate feeding times      Amount: \_\_\_\_\_

---

---

---

Approximate napping Times

---

---

---

### **Topical Ointment**

Topical Ointment I allow the staff at Great Expectations Child Care Center to apply \_\_\_\_\_ on my child as needed.

(Type of ointment/cream)

Is your baby swaddled at home? Yes/No

(Please note that your child will no longer be swaddled at age 6 months while in our care.)

Would you like us to wake your child to feed? Yes/No

Additional Notes: \_\_\_\_\_

---

---

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date