

Feeding Schedule & Napping Schedule

Infant 12mo.-18mo.

Child's Name: _____

My child consumes (please circle all that apply):

Breastmilk Formula Vitamin D Milk 100% Juice Water

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