

# INFANTS Daily Schedule

**\*\*Must be updated the first of each month or students may not attend\*\***

NAME of child: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Child's Current Age: \_\_\_\_\_ Schedule last updated: \_\_\_\_\_

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## Feeding Schedule

Takes Bottle:  Formula - Formula Brand: \_\_\_\_\_

Breast Milk  Whole Milk  Other: \_\_\_\_\_

Amount: \_\_\_\_\_ Every \_\_\_\_\_ to \_\_\_\_\_

Heating or Serving Instructions

**Also Eats:**  Baby Cereal: \_\_\_\_\_  
(Instructions)

Jar Food: \_\_\_\_\_  
(Instructions)

Table Foods: \_\_\_\_\_  
(Instructions)

**Takes A:**  Binky or Pacifier  Teether  Other: \_\_\_\_\_

**NAPPING:** Typical Nap Schedule is as follows: \_\_\_\_\_

**\*Special Notes** \_\_\_\_\_

**\*Restrictions** \_\_\_\_\_

**\*Allergies** \_\_\_\_\_

**\*Special Diaper Instructions** \_\_\_\_\_