



INFANT CARE GUIDE

CHILD'S NAME: _____ DOB: _____

FEEDING INSTRUCTIONS: _____ USES PACIFIER: YES OR NO
WARM BOTTLE YES OR NO ON TABLE FOOD YES OR NO
WARM FOOD YES OR NO
SELF FEED YES OR NO
USES CUP YES OR NO

FEEDING SCHEDULE GIVE DETAILS (TIMES,KIND OF FOOD,AMOUNTS OR ANY SPECIAL FEEDING INSTRUCTIONS): _____

SLEEPING INSTRUCTIONS: _____

THIS FORM IS TO BE UPDATED MONTHLY ON THE FIRST WEEK OF EVERY MONTH.

***IF THERE ARE CHANGES PLEASE FILL OUT A NEW FORM

***IF THERE ARE NOT ANY CHANGES WE STILL NEED YOU TO SIMPLY SIGN AND DATE BELOW:

- JAN ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
FEB ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
MAR ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
APR ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
MAY ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
JUN ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
JUL ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
AUG ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
SEP ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
OCT ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
NOV ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES
DEC ____ 20 ____ SIGNATURE _____ CIRCLE: NO CHANGES

