

# INFANT AND TODDLER SCHEDULE

(Updated every month )

Today's Date: \_\_\_\_\_ Date to be Updated: \_\_\_\_\_

**Parents: Please provide general information about your child's routine.**

Child's Name: \_\_\_\_\_ Child's Age (in months): \_\_\_\_\_ Arrival time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

**Eating Times:** \_\_\_\_\_ Bottles / Food heated or given cold: \_\_\_\_\_

Foods / Formulas Given: \_\_\_\_\_ Amounts: \_\_\_\_\_

I don't like to eat: \_\_\_\_\_

I'd like to try these new foods: \_\_\_\_\_

Known Allergies / Dietary Restrictions: \_\_\_\_\_

Feeding recommendations from pediatrician: \_\_\_\_\_

**Sleeping Times:** \_\_\_\_\_ Routine (rocked, pacifier): \_\_\_\_\_

**Elimination:** Color: \_\_\_\_\_ Consistency: \_\_\_\_\_ Powder / Creams: \_\_\_\_\_

Recommended times of changes: \_\_\_\_\_

## Additional Information:

Form of discipline used at home: \_\_\_\_\_ Languages spoken in the home: \_\_\_\_\_

At home I like to: \_\_\_\_\_

At home I don't like to: \_\_\_\_\_

Recent changes in family routine or environment that may affect my child: \_\_\_\_\_

Are there any indications of developmental, vision, hearing or speech delays? Please specify: \_\_\_\_\_

Is there any information that will help us take better care of your child? \_\_\_\_\_

## My primary caregiver(s) is/are:

## Time:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_