

Cradle to Crayons Learning Center

Infant Information

Child's Name: _____ Date of Birth: _____

My Child Drinks: _____ From a: _____ My child usually drinks ____ oz every ____ hours

__ Formula _____ __ Bottle __ Cup _____ please burp after ____ oz

__ Breast milk _____ __ Juice _____ Does child spit up? __ yes __ no

__ Whole Milk _____ __ other _____

Diet-please check the liquids and foods your child can have. __ Infant __ Soft Toddler __ All toddler

Meats/Proteins: ____ chicken ____ Beef ____ Pork ____ Turkey ____ Bacon ____ Fish ____ peanut butter ____ beans
__ Other, please List _____

Dairy: __ Milk __ Cheese __ Cream Cheese __ Yogurt __ Eggs __ other, please list _____

Vegetables: __ Carrots __ Peas __ Green Beans __ Broccoli __ Cauliflower __ Squash __ Zucchini __ Tomato
__ Sweet potatoes __ Potatoes __ Other, please list _____

Fruits: __ Bananas __ Apples __ Pears __ Peaches __ Grapes __ Oranges __ Plums __ Apricots __ Cherries
__ Blueberries __ Other, please list _____

Grains: __ Rice __ Wheat __ Oats __ Corn __ Soy

Allergies: _____

Feeding and Nap Schedule:

Meals or Snack

Usually Naps and How Long

7 am _____

8am _____

9am _____

10am _____

11am _____

12pm _____

1pm _____

2pm _____

3pm _____

4pm _____

5pm _____