



## INFANT STUDENT INFORMATION FORM

Child's Name:			Date of Birth:		
<b>FEEDING INSTRUCTIONS</b>					
<b>Bottle (please check)</b>	<b>Yes</b>	<b>No</b>	<b>Table Food (please check)</b>	<b>Yes</b>	<b>No</b>
Warm			Feeds self		
Room Temperature			Sits at a feeding table or chair		
Cold			Uses a spoon/fork		
Holds own bottle					
Can drink out of a cup					
<b>Bottle Type</b>					
<b>Bottle Type</b>	<b>Time (s)</b>	<b>Amount</b>	<b>How is milk given (Bottle/type of cup)?</b>		
Formula					
Breast Milk					
Cow's Milk					
Milk Substitute					
<b>Food Type</b>					
<b>Food Type</b>	<b>Time (s)</b>	<b>Approved Foods</b>	<b>DO NOT GIVE</b>		
Puree/cereal					
Puffs/dissolvable					
Table food					
School food					
Other					
<b>Can your child be given treats that are provided by school and/or other parents for special events? (Ex: cupcakes/cookie/etc.)- Circle Yes or No</b>				<b>Yes</b>	<b>No</b>
<b>SLEEPING INSTRUCTIONS</b>					
What time(s) does your child normally sleep?					
How long does your child sleep?					
What comfort item does your child sleep with (ex: We follow safe sleep practices, so a pacifier or sleep sack with the arms free are allowed)?					
<b>Additional Sleep Comments/Instructions:</b>					
<b>Diapering Comments/Instructions:</b>					
<b>Additional Comments:</b>					
<b>Signature of Parent or Legal Guardian:</b>				<b>Date:</b>	