

# ELSH CREEK KIDS ACADEMY



## Infant Care/Feeding Guide & Instruction Sheet

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILD'S NICKNAME: \_\_\_\_\_

BRAND NAME & TYPE OF FORMULA: \_\_\_\_\_

(FCKA DOES NOT SUPPLY FORMULA)

HOW OFTEN DOES YOUR CHILD TAKE A BOTTLE: \_\_\_\_\_

DOES YOUR CHILD HOLD HIS/HER OWN BOTTLE? \_\_\_\_\_

DOES YOUR CHILD USE A PACIFIER? \_\_\_\_\_

ANY INSTRUCTIONS REGARDING PACIFIER USE?

\_\_\_\_\_

HOW DOES YOUR CHILD LIKE TO BE PUT TO SLEEP:

\_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

DO WE HAVE PERMISSION TO USE: DIAPER RASH OINTMENT \_\_\_\_\_ LOTION: \_\_\_\_\_

DOES YOUR CHILD EAT BABY FOOD? \_\_\_\_\_

IF YES, WHAT FOODS HAVE YOU ALREADY INTRODUCED TO YOUR CHILD?

\_\_\_\_\_

DOES YOUR CHILD DRINK FROM A SIPPY CUP? \_\_\_\_\_

ANY INSTRUCTIONS REGARDING SIPPY CUP: \_\_\_\_\_

DOES YOUR CHILD EAT TABLE FOOD? \_\_\_\_\_

IF YES, WILL THEY BE EATING FOOD THE CENTER SUPPLIES? \_\_\_\_\_

DOES YOUR CHILD FEED HIM/HERSELF? \_\_\_\_\_

ANY OTHER HELPFUL INFORMATION? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BELOW, PLEASE PROVIDE US WITH AN EATING SCHEDULE FOR YOUR CHILD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**\*Please note that this form is to be updated every 30 days until the child is eating table food\***

**\*FishCreek Kids Academy follows SIDS Alliance with laying children on their backs to sleep\***