

“Infant Room”

Date: _____.

Information for taking care of _____

- I do / do Not take a Binky/ Pacifier
- I usually drink a _____ Oz Bottle every _____ - _____ Hrs. I like my bottles Warm / Cold.
- I Eat _____ Cereal at _____.
- I like to be Burped _____.
- Sleeping:
 - Swaddled? _____
 - Rocked? _____
 - Patted? _____
 - Blanket? _____
 - My Favorite Toys are _____
 - My favorite Lullaby is _____
 - I prefer to sleep on my _____
 - Pillow? _____
 - How long does your child usually like to take their naps?

- How much Tummy Time do I usually enjoy? _____
- What to do when I get fussy _____

• Any Allergies? _____

• What to do if I have an allergy attack _____

• At home I react well to _____

_____ When I am upset and/ or tired.

• Contact People

My Mom is: _____ (C) _____ (H) _____

(W) _____ ex: _____ E-mail: _____.

My Dad is: _____ (C) _____ (H) _____

(W) _____ ex: _____ E-mail _____.

Emergency Contacts other than Mom/Dad: _____

Extra Pickup (Name/ #): _____

Other Helpful information: _____
