



# LITTLE THINKERS

Child Day Care and Learning Center

Big Smiles

2933 Westhollow Dr., Houston, TX 77082 Ph (281) 578-6787 Fx (281) 598-5263

## INFANT CARE/FEEDING INSTRUCTION SHEET (FOR USE UNTIL AN INFANT IS EATING TABLE FOOD)

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Name of Formula and Type \_\_\_\_\_ Warmed? \_\_\_\_\_

When and how much? \_\_\_\_\_

Does your child drink juice? \_\_\_\_\_ Water? \_\_\_\_\_ Any serving instructions? \_\_\_\_\_

Types of baby food consumed: \_\_\_\_\_

Cereal? \_\_\_\_\_ Meats? \_\_\_\_\_ Veggies? \_\_\_\_\_ Fruits? \_\_\_\_\_

When and how much? \_\_\_\_\_

Any allergies? \_\_\_\_\_ If yes, please describe symptoms to watch for:

\_\_\_\_\_  
\_\_\_\_\_

Do we have permission to use: Baby Powder? \_\_\_\_\_ Diaper Rash Ointment? \_\_\_\_\_ Lotion? \_\_\_\_\_

Brand(s): \_\_\_\_\_

Your child will be placed on his/her back for sleep unless we receive a note from your physician stating that it would be best for him/her to sleep in a different position.

Does your baby use a pacifier? \_\_\_\_\_ Any special instruction regarding pacifier use? \_\_\_\_\_

\_\_\_\_\_  
Any other helpful information?

\_\_\_\_\_  
\_\_\_\_\_

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_