"Nurturing Tomorrow's Leaders"

Infant/Toddler Feeding/Sleep Schedule

Infant/Child's Name: _____ D.O.B.: _____/_____/_____

Parent's Name: _____

An individual form must be completed for all infants, ages 6 weeks to 24 months.

Note the type of formula, milk, juice, and/or solids that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

	TYPE	***TIME***	***AVERAGE DAILY AMOUNT***
Formula:			
Milk:			
Juice:			
Solids:			

Sleeping Routine

Pre-nap routine / rituals:_____

Length of nap: _____Waking behavior / routine: _____

Special Concerns: _____

List any special consideration, (i.e. food allergies):

_____

_____

_____

Parent Signature Date