



The Lil' School at St. Bernard's
 NYS OCFS License # 740283
 (ph) 518.524.1421
 (fax) 518.751.2277

Physical Location:
 63 River Street, Saranac Lake NY 12983
 Mailing Address:
 PO Box 930, Saranac Lake NY 12983

Infant Information Sheet

Child's Full Name: _____ Birth Date: _____

When I Eat...

	Yes	No	I eat:	Amount	Frequency/Times
Do I take a bottle?	<input type="checkbox"/>	<input type="checkbox"/>	Formula	<input type="checkbox"/>	
Is the bottle warmed?	<input type="checkbox"/>	<input type="checkbox"/>	Whole Milk	<input type="checkbox"/>	
Do I hold my own bottle?	<input type="checkbox"/>	<input type="checkbox"/>	Baby Food	<input type="checkbox"/>	
Can I feed myself?	<input type="checkbox"/>	<input type="checkbox"/>	Program Food Items	<input type="checkbox"/>	
Do I need to be burped?	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

When I sleep...

I need this special item...					
I feel most comfortable sleeping like this...					
When falling asleep I like when you...					

To make me comfortable...

	Yes	No	When I get upset, please...
Do I use a pacifier?	<input type="checkbox"/>	<input type="checkbox"/>	
Do I have an attachment item?	<input type="checkbox"/>	<input type="checkbox"/>	
Do strangers make me nervous?	<input type="checkbox"/>	<input type="checkbox"/>	
			My favorite things to do are...

Other things you should know about me...

This document must be updated regularly; each time the needs, preferences, or schedules of your child changes.

 Parent/Guardian Signature

 Date