

Nursery Special Instructions

CHILD'S NAME: _____ **DOB:** _____

Parents,
Please update this form on the first of every month. Make any necessary changes directly on this form, initial next to any changes you made and then sign next to the current month.

Thank you

Jan. _____

Feb. _____

March _____

April _____

May _____

June _____

July _____

Aug. _____

Sept. _____

Oct. _____

Nov. _____

Dec. _____



FEEDINGS: ___ Milk ___ Water ___ Formula

How long can the cup/bottle be left out? _____

Please explain: _____

Can we re-use the Sippy cup/bottle? ___ Yes ___ No

Please describe feeding schedule (include amount & how often):



SOLID FOODS: Please be very specific and include snacks, juices, etc.:

Lunch: _____

Snacks: _____

Are there any known food allergies? ___ Yes ___ No

If yes, please specify: _____

DIAPERING:

Should wipes be used at each diaper change? ___ Yes ___ No

Which of the following may be used on your baby? (please circle)

Diaper Cream Powder Lotion Other _____

These items are brought from home and labeled

SLEEPING SCHEDULE:

What position do you prefer? (please circle) back side stomach

Does your baby use a pacifier? ___ Yes ___ No

Are we allowed to offer a pacifier if needed? ___ Yes ___ No

Please give a brief description of your child's temperament.

How do you get your baby to sleep? (rocking, patting, etc.)

Does your child have special needs? _____

Signature: _____ Date: _____