

BETHLEHEM CHILD DEVELOPMENT CENTER  
A MINISTRY OF BETHLEHEM BAPTIST CHURCH  
416 BETHLEHEM ROAD  
MIDLAND CITY, AL 36350  
334-673-4980

Infant Information Sheet

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Check all that apply:

Breast Milk  
 Formula

Milk  
 Both

Baby Cereal  
 Baby Vegetable

Baby Fruit  
 Table Food

List any known Allergies:

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

Eating Habits

On Schedule: Please List

On Demand: Please list approximate time  
and amounts of feedings.

Would you like your child to be awakened for:

Feeding

Medication

Diapering

Other

Please explain: \_\_\_\_\_

Toileting

Your child will be checked HOURLY. If necessary, your child's diaper will be changed.  
Please send any powders or creams you prefer your child to have.

Sleeping

Is your child on a sleeping schedule? Please list if possible: \_\_\_\_\_

Does your child use a security object for sleeping? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

Does your child like to go to sleep in their own crib? \_\_\_\_\_

Please list any additional information that you feel would be helpful concerning your child: \_\_\_\_\_

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