Mimi's Creative Kids
Big or small, learn something every day

Nursery Information Sheet

Name: _____

Date of Birth: _____

Pacifier: ☐ Yes ☐ No

Breastmilk or Formula: _____

Feeding Instructions:

Ounces _____ Ounces _____ Ounces _____

How often _____ How often _____ How often _____

My child drinks from a cup: Date: _____ Initials: _____

My child drinks water: Date: _____ Initials: _____

My child drinks juice: Date: _____ Initials: _____

Baby Food: 1st Stage Instructions:_____
2nd Stage Instructions:_____
3rd Stage Instructions:_____

My child feeds him/herself: Date: _____ Initials: _____

My child may eat snacks: Date: _____ Initials: _____

My child may eat table food: Date: _____ Initials: _____

Feeding Instructions: _____

Nap Schedule: _____ AM _____ AM

_____ PM _____ PM

Special Things you need to know about my baby: _____

_____

Please update, initial, and date each month. Add information as needed.

JAN _____	APRIL _____	JULY _____	OCT _____
FEB _____	MAY _____	AUG _____	NOV _____
MAR _____	JUNE _____	SEPT _____	DEC _____