



Infant/Toddler Schedule

Child's name _____ Date of Birth: _____

Primary Caregivers: _____

Sleep Pattern/Schedule:

Expected Diapering Scheduling:

Indoor: _____

Outdoor: _____

Expected Feeding Schedule:

Bottle/Food: (Formula/Breastmilk)	Amount:	Time:

Medications: _____

Allergies: _____

Additional Information: _____

Parent Signature

Date Completed