



INFANT AND TODDLER SCHEDULE

(Updated every 2 months)

Today's Date: _____

Date to be Updated: _____

Parents: Please provide general information about your child's routine.

Child's Name: _____ Child's Age (in months): _____ Arrival time: _____ Pick-up time: _____

Eating Times: _____ Bottles / Food heated or given cold: _____

Foods / Formulas Given: _____ Amounts: _____

I don't like to eat: _____

I'd like to try these new foods: _____

Known Allergies / Dietary Restrictions: _____

Feeding recommendations from pediatrician: _____

Sleeping Times: _____ Routine (blanket, rocked, pacifier): _____

Elimination: Color: _____ Consistency: _____ Powder / Creams: _____

Recommended times of changes: _____

Additional Information:

Form of discipline used at home: _____ Languages spoken in the home: _____

At home I like to: _____

At home I don't like to: _____

Recent changes in family routine or environment that may affect my child: _____

Are there any indications of developmental, vision, hearing or speech delays? Please specify: _____

Is there any information that will help us take better care of your child? _____

My primary caregiver(s) is/are:

Time:

1. _____

2. _____

3. _____

Parent Name (printed): _____ Parent Signature: _____ Date: _____