

Infant Information Form

Child's Name _____ Birthday _____

Does child hold own bottle? Yes _____ No _____ Prefers: Warm _____ Cold _____

Does your child eat: Formula _____ 2% Milk _____ Other _____
Strained Food _____ Junior Food _____ Table Food _____

Child's normal schedule:

Breakfast: _____
(Time approx) (Types & approx. amount of food)

Lunch: _____
(Time approx) (Types & approx. amount of food)

P.M. Snack: _____
(Time approx) (Types & approx. amount of food)

Does your child have any food allergies? _____

FORMULA TYPE brand and style:

Under the guidelines of CACFP, Country Acres CDC provides "Parent's Choice" POWDER formulas: Advantage with Iron, Premium with Iron, Gentle with Iron, Sensitivity with Iron, or Soy-Based. (If no formula selection is made CA will default to Gentle with Iron.)

Does your child take a pacifier? Yes _____ No _____ When? _____

How does your child normally sleep? On back _____ On side _____

How do you normally put your child to sleep? Rock _____ Put in bed _____ Pat back _____

Do you use anything when changing diapers? Powder _____ Cream _____ Other _____

***All items including bags, bottles, pacifier, clothing, and all other personal items MUST be marked with your child's name.**

*** Diapers and Baby Wipes are to be furnished by Parent.**

***Please sign a separate medication permission form if you will be providing diaper rash cream or powder.**

THIS FORM MUST BE UPDATED EVERY 30 DAYS

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date