



FEEDING, SLEEPING & DIAPERING SCHEDULES

Date: _____

Please take a moment to fill out the following form. Creative Early Learning Center will use this information to provide a caring and loving environment away from home for your child.

Child's Name: _____ Date of Birth: _____

Child's Weight at Birth: _____ Current Weight: _____

FEEDING: Is there anything Creative Early Learning Center should know about your child's feeding schedule or eating habits that would help us in caring for your baby?

	YES	NO	ALLERGIES
Warm Bottle			
Cup			
Warm Food			
Finger Foods			
Self-Feeder			
High Chair			
Spoon			

FEEDINGS	TIME	KINDS OF FOOD	AMOUNTS

SLEEPING: Is there anything Creative Early Learning Center should know about your child's sleeping habits? Is there a specific item with which your child likes to sleep? Does your child like to be rocked to sleep or just laid in the bed?

SLEEPING CONTINUED...

PARENTS SLEEPING INSTRUCTIONS	WHAT TIME?	HOW LONG?
Back or Tummy?		
Pacifier?		
Special Needs?		
Other		

DIAPERING: If there anything that you could share with Creative Early Learning Center about your child's diapering needs which could help us make your little one more comfortable?

PARENTS DIAPERING INSTRUCTIONS:
What lotions, ointments, etc. will you supply for Creative Early Learning Center to use on your child if...
WET:
BM:
RASH:

OVERALL: Is there anything additional that we could do to assist your child's comfort, growth, and well-being while they are here at Creative Early Learning Center?

Parent's Signature: _____ Date: _____