



Infant Schedule

Name: _____ Date: _____

In order to provide the best care for your baby, there are a few things we need to know.

First and foremost: Does your baby take formula or breastmilk?

How many ounces does your baby drink and how often?

How does your baby prefer to take his/her bottle? Warm? Cold?

Does your baby eat solid food? If yes, how much and how often?

Tell me a little about your baby's nap times:

If your baby is sleeping through feeding time, do you want us to wake them up?

Does your baby have any comfort items?

Other Comments:
