



Infant Information Sheet

Child's Name _____ Birth Date _____

	Yes	No		Yes	No
Does child take bottle?	_____	_____	Does your child eat:		
Is the bottle warmed?	_____	_____	Strained Foods	_____	_____
Does child hold bottle?	_____	_____	Baby Foods	_____	_____
Can child feed self?	_____	_____	Formula	_____	_____
Does child take pacifier?	_____	_____	Whole Milk	_____	_____
			Table Foods	_____	_____
			Juice	_____	_____
			Other _____		

What type of formula used?	Date _____
Amount of formula to be given	Date _____
Updated amounts of formula	Date _____
	Date _____
	Date _____

Bottles must be premixed, labeled, dated, and ready to serve.

Food Likes _____ Food Dislikes _____

Food Allergies _____

If any creams, ointments, or lotions are needed, they must be provided in the original container labeled with child's name.

Instructions for introducing solid foods:

Child's Schedule	Approximate Time	Types and Approximate Amounts of Food
Breakfast		
Lunch		
Dinner		
Morning Nap		
Afternoon Nap		

I understand it is my responsibility to keep KRK updated, in writing, as my child's needs change.

Please update every 30 days or as any of the above information changes.

Parent's Signature _____