

Infant's Daily Schedule

Date

Infant's Name

Parent's Name

How often does he/she eat? _____

How many ounces does he/she eat at each feeding? _____

How much baby jar food does he/she eat and how often? _____

What are his/her sleeping habits that are unique to him/her? _____

How does he/she prefer to be held when fussy? _____

Does he/she like to be in the swing? _____

What is his/her napping schedule? _____

If he/she is not on a schedule and eats and sleeps on demand, about how many hours are between eating and sleeping times?

Is there any additional information that you feel is important for us to know in order to provide the best possible care for your child?

