

Infant Feeding/Napping Schedule

Name of Child: _____ Age _____

Arrival Time: _____

Feedings:

(Formula, Breast milk) circle one or both please

First Feeding	Second Feeding	Third Feeding	Fourth Feeding
Time Amt	Time Amt	Time Amt	Time Amt

Solids:

Time Amt	Time Amt	Time Amt	Time Amt
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Special Instructions for bottle feedings: _____

What shall we do with uneaten bottles or solids? _____

Bedding will be supplied by Parents and returned home for laundering weekly.

Napping: (time/amount of time) Infants sleep in nursery upstairs.

Toddlers and older children nap in daycare area.

First Nap	Second Nap	Third Nap
Time Amt	Time Amt	Time Amt

Special instructions for napping: Babies sleep on back unless medical reason not to.

Does he/she need a pacifier? _____

Blanket?_(must be tucked in under mattress and chest high) _____

Other? _____

I understand that the child may nap/sleep in a room where an adult is not present. A working monitor will be used to monitor sleeping children and they will be physically checked every 15 minutes.

Other important information: _____

Departure Time: _____

Parent Signature: _____

Print Parent Name: _____

Provider Signature: _____

Date: _____