

INFANT/TODDLER INFORMATION

(Children under 18 months old)

Name _____ Birthdate _____ Date _____

Child's Abilities:

<input type="checkbox"/> Sits alone	<input type="checkbox"/> Crawls
<input type="checkbox"/> Pulls up	<input type="checkbox"/> Cruises
<input type="checkbox"/> Stands	<input type="checkbox"/> Walks with help

Sleeping Habits:

<input type="checkbox"/> A.M. for about _____ hours	
<input type="checkbox"/> P.M. for about _____ hours	
<input type="checkbox"/> With pacifier	<input type="checkbox"/> Patting
<input type="checkbox"/> Rocking	<input type="checkbox"/> Crying

Eating Habits and Schedule:

If your child is not yet ready for table food it is required that you provide written feeding instructions. These instructions must be signed and dated by the parent or child's physician and updated as needed.

Feeding instructions:

A.M. _____

P.M. _____

Additional Feeding Instructions _____

(Parent's or Physician's Signature)

INFANT/TODDLER INFORMATION UPDATE

(To be completed at the time changes are necessary)

Name _____ Birthdate _____ Date _____

Child's Abilities:

<input type="checkbox"/> Sits alone	<input type="checkbox"/> Crawls
<input type="checkbox"/> Pulls up	<input type="checkbox"/> Cruises
<input type="checkbox"/> Stands	<input type="checkbox"/> Walks with help

Sleeping Habits:

<input type="checkbox"/> A.M. for about _____ hours	
<input type="checkbox"/> P.M. for about _____ hours	
<input type="checkbox"/> With pacifier	<input type="checkbox"/> Patting
<input type="checkbox"/> Rocking	<input type="checkbox"/> Crying

Eating Habits and Schedule:

If your child is not yet ready for table food it is required that you provide written feeding instructions. These instructions must be signed and dated by the parent or child's physician and updated as needed.

Feeding instructions:

A.M. _____

P.M. _____

Additional Feeding Instructions _____

(Parent's or Physician's Signature) 1/04