

The Bridge Christian School

INFANT CARE AND FEEDING INFORMATION

Parents,

Thank you for sharing your child with us. In order to serve your infant's needs in a more individual manner, we need the following information.

Infant's name _____ Nickname _____

Birthday _____ Does infant use a pacifier? (circle one) **YES** or **NO**

I authorize The Bridge Christian School to apply diaper cream, diaper ointment, powders, or lotions supplied by me. (circle one) **YES** or **NO**

If YES, please specify which brand(s) you will provide: _____

All products must be labeled with your child's name.

Type of Formula (Be specific) _____

Infant will drink _____ ounces on demand or every _____ hours.

Juice(s) _____

Cereal(s) _____

Fruit(s) _____

Vegetable(s) _____

Meat(s) _____

Any other types of foods/finger foods/snacks, etc _____

ALLERGIES:

Please list any allergies (food, skin, other) _____

OTHER HELPFUL INFORMATION (Please include schedule for feeding, sleeping, etc.):

While in our care, infants not yet able to turn over on their own must be placed in a face-up sleeping position. Unless written documentation from a health-care provider stating that a different sleeping position is necessary.

Signature

Date

Parent MUST review and update this form monthly until infant is able to eat table food.