

# Infant & Toddler Information Form

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Does your child have any allergies? **Yes or No**, if yes, please explain.

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Are you breastfeeding? **Yes or No**, if yes, please explain if the child is exclusively breastfed or can they drink breast milk from a bottle? If so, how much and how often?

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Does your child drink formula? **Yes or No**, if yes, please list what formula is used and how often.

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Does your child drink milk? **Yes or No**, if yes, indicate whether it is whole milk or 2% and how often.

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Does your child take a juice or water bottle? **Yes or No**, if yes, which one and how often?

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What food items can be fed to your child? Please list food and amount and how often.

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When does your child typically nap?

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Are there any special instructions you would like us to know about your child to better comfort your child while in our care? (sleep/nap routines, favorite blankets, pacifier, etc.)

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