

## Daily Schedule for Infants

Child's Name	Child's Birthdate	For the Month of
Usual arrival time	Usual pickup time	
Usual feeding schedule:		
Time	Kind of food	Amount
Usual nap schedule:		
Time	Usual Length	

Favorite sleep position: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

Comfort toys, blankets, etc.: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other helpful information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date