



## INFANT'S FEEDING & NAP INFORMATION

*(This form must be completed for babies 8 weeks to 11-months-old only)*

Child's Name \_\_\_\_\_ Start Date \_\_\_\_\_ Age on start date: \_\_\_\_\_

Please indicate below your baby's current feeding and nap schedule at home if your baby had one. Your baby can be fed and sleep on demand. Please know that American Day School may not be able to follow this schedule strictly as our school is required by the Department of Social Services to feed a baby on demand.

### FORMULA/BREASTMILK INFORMATION

\_\_\_\_\_ Breast milk \_\_\_\_\_ Formula. Name of formula: \_\_\_\_\_

How should the formula be served? \_\_\_\_\_ Cold: \_\_\_\_\_ Warm: \_\_\_\_\_

*Note: Licensing standards will only allow for formula/breast milk to be warmed only one time.*

### FOOD ALLERGIES AND SYMPTOMS

Is the child now, or has the child ever been, treated by a physician for allergies? \_\_\_\_\_

When and for how long? \_\_\_\_\_

Foods that are NOT to be served: \_\_\_\_\_

Familiar foods that contain the ingredient not to be served: \_\_\_\_\_

Reactions of child when these foods are eaten: \_\_\_\_\_

### FEEDING SCHEDULE

Hours	Bottles (Indicate amount in ounces)	Kinds of Foods & Amount (Cereal/Baby Food)
<i>For example: 8:15am</i>	<i>1st bottle 5 Oz</i>	<i>1 fruit jar &amp; 2 tbsp. of cereal</i>
11:30am	2nd bottle 4 Oz	
1:30am	3rd bottle 6 Oz	

\*My baby does not have a regular nap schedule. He/she is feeding on demand

### NAP SCHEDULE

NAP SCHEDULE	SPECIFIC HOURS		HOW LONG
<i>For example: Nap time</i>	<i>From: 9:00am To: 10:30am</i>		OR
1st Nap time	<b>From:</b> _____ <b>To:</b> _____		
2nd Nap time	<b>From:</b> _____ <b>To:</b> _____		
3rd Nap time	<b>From:</b> _____ <b>To:</b> _____		
4th Nap time	<b>From:</b> _____ <b>To:</b> _____		

\*My baby does not have a regular nap schedule. He/she is sleeping on demand

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_