Little Frogs & Polliwogs Learning Center

Cabinet Form - Child's Daily Schedule

Child's Name:		Date of Birth:	Today's Date:
Arrival Time:	Departure Time:	Please circle days in attendance: **M T W R F**	

List any/all allergies:

Strong Dislikes:

Feedings (Please be very specific)

For An Infant, How many hours are feedings apart, usually? ____________________

How many ounces does child eat at an average feeding? ____________________

Burped? □ No □ Yes How often? _________________________ Does your child spit up a lot? □ No □ Yes How often? ______________________________

Formula? □ No □ Yes If yes, name of formula: ______________________ Served warm? Y__ N__

Breast Milk? □ No □ Yes If Yes, mixed with formula? □ No □ Yes If Yes, _____% Breast Milk to _____% Formula

Meal Time (Please be specific with approximate times and what your child usually eats)

Breakfast	Snack	Lunch	Snack	Dinner

(Unless parents request, a child will not be woken for a feeding)

Any medical problems? □ No □ Yes If so, what? ____________________

Any special diapering instructions? ____________________

Naps: (tell us how often, how long, do you swaddle, does child use pacifier or a special blanket).

Can child go in an Exersaucer? □ No □ Yes A Jumper? □ No □ Yes A Swing? □ No □ Yes

Special Comments: ____________________

Parent initial _________ Staff initial _________ Date ___________________