glee
Grace Lutheran Early Education

Infant Care Sheet

Childs name: _____ Childs DOB: _____

Parent Signature: _____ Date: _____

Feeding

Circle all that apply while at school:

Note: All bottles and food must be pre-measured, pre-mixed, and labeled. We cannot mix or measure milk or formula.

Breast Milk Formula Whole Milk Puree's Solids

Formula Name: _____

Warmed in bottle warmer: ☐ Yes ☐ No

Allergies ☐ Yes ☐ No

Food: _____ Symptoms: _____

Skin: _____ Symptoms: _____

Other: _____ Symptoms: _____

Skin Care

Rash Cream: _____ Ointment: _____

Pacifier: ☐ As Needed ☐ Sleep Only ☐ No

Suggested Schedule

Note: This is a suggested schedule. We will follow cues and needs while in our care.

Feeding		
Time	**Circle One**	**Oz**
	Bottle Solid	
	Bottle Solid	
	Bottle Solid	
	Bottle Solid	

Sleep	
Time	**Length**

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Infant Care Sheet

Childs name: _____ Childs DOB: _____

Parent Signature: _____ Date: _____

Feeding

Circle all that apply while at school:

Note: All bottles and food must be pre-measured, pre-mixed, and labeled if brought from home.
We cannot mix or measure milk or formula.

Breast Milk Formula Whole Milk Puree's Solids

I will use the school provided formula ☐ I will provide my own formula ☐

Formula Name: _____

Warmed in bottle warmer: ☐ Yes ☐ No

Allergies ☐ Yes ☐ No

Food: _____ Symptoms: _____
Skin: _____ Symptoms: _____
Other: _____ Symptoms: _____

Skin Care

Rash Cream: _____ Ointment: _____

Pacifier: ☐ As Needed ☐ Sleep Only ☐ No

Suggested Schedule Note: This is a suggested schedule. We will follow cues and needs while in our care.

Feeding		
Time	**Circle One**	**Oz**
	Bottle Solid	
	Bottle Solid	
	Bottle Solid	
	Bottle Solid	

Sleep	
Time	**Length**

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Infant Solid Foods

Childs name: _____ Childs DOB: _____

Parent Signature: _____ Date: _____

Food Texture

Circle all that apply while at school:

Thickened Rice Cereal Puree Chunky Table Food

Foods I've Tried!		
Food	**Liked?**	**Any Reactions?**
		☐ Yes ☐ No