

KinderKamp Infant Schedule & Information

KINDERKAMP CLASSIFIES AN INFANT AS A CHILD STILL IN DIAPERS, IF IN PULLUPS OR POTTY TRAINING, PLEASE SEE INBETWEENIE FORM.

Infant's Name: _____ Birthday: _____ Age: _____

Mom's first name: _____ Mom's cell phone # _____

Dad's first name: _____ Dad's cell phone # _____

Hand Held Radio Channel: _____ Emergency Contact Name/#: _____

Allergies? Details: _____

FOOD SCHEDULE

Bottles (circle one): Formula Whole Milk Breast Milk Other _____

CAN BABY HAVE

(Circle if yes)

AMOUNT(OZ) / TYPE(S)

AM TIME PM

		8	9	10	11	12	1	2	3	4	5
Milk (choose above option)											
Juice											
Cereal											
Fruit											
Veggies											
Baby Food											
Finger Foods (crackers, puffs, yogurt bites, cheerios)											

NAPPING

How Many? _____ How long? _____ Time: 8 9 10 11 12 1 2 3 4 5

Rocking? Y N Lovey?: Y N Binky?: Y N

Special naptime routine? _____

Special Care Instructions: _____

UPDATED MONTHLY (DATE): _____

SEASON: _____

INITIAL VISIT DATE: _____