

## Infant's Schedule and Information

Infant's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mom's first name: \_\_\_\_\_ Dad's first name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Hand Held Radio Channel: \_\_\_\_\_

### Daily Schedule

Bottles (circle one)                      Formula                      Whole Milk                      Breast Milk

|  | Ounces/Amount    | AM |   |    |    |    | Time |   |   |   |   | PM |   |    |    |    |   |   |   |   |   |
|--|------------------|----|---|----|----|----|------|---|---|---|---|----|---|----|----|----|---|---|---|---|---|
| <b>Milk</b>  |                  | 8  | 9 | 10 | 11 | 12 | 1    | 2 | 3 | 4 | 5 | 8  | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| <b>Juice</b>   |                  | 8  | 9 | 10 | 11 | 12 | 1    | 2 | 3 | 4 | 5 | 8  | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| <b>Cereal</b>  |                  | 8  | 9 | 10 | 11 | 12 | 1    | 2 | 3 | 4 | 5 | 8  | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| <b>Fruit</b>   |                  | 8  | 9 | 10 | 11 | 12 | 1    | 2 | 3 | 4 | 5 | 8  | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| <b>Veggies</b>   |                  | 8  | 9 | 10 | 11 | 12 | 1    | 2 | 3 | 4 | 5 | 8  | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| <b>Other</b>   |                  | 8  | 9 | 10 | 11 | 12 | 1    | 2 | 3 | 4 | 5 | 8  | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 |
| <b>Finger Foods</b> – small pieces<br>graham crackers, cheerios, toast | <b>Yes    No</b> |    |   |    |    |    |      |   |   |   |   |    |   |    |    |    |   |   |   |   |   |

Naps ?      How long ? \_\_\_\_\_                      8 9 10 11 12 1 2 3 4 5

Special naptime routine ? \_\_\_\_\_

Allergies? \_\_\_\_\_

Nursing Mother, please call every two hours                      8 9 10 11 12 1 2 3 4 5

(This is to insure the comfort of your child during their stay at KinderKamp)

Special Instructions: \_\_\_\_\_

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