



A Readiness Learning Academy

Infant and Young Toddler Programs Feeding, Sleeping and Diapering Schedules

We believe it is important to maintain routines and schedules consistent with each infant or toddler's home environment. Please complete this form providing the information necessary to meet your child's individual needs.

Child's Name _____ D.O.B. _____

Allergies _____

Feeding:

Time	Kinds of Food	Amounts

I am on breast milk and/or formula (circle one).

If formula, for how long? _____

I take a bottle every: 2, 3, 4, 5 hours (circle one).

I like my bottles: cold, room temperature, warm (circle one).

I need to be burped every: 2, 4, 6, 8 ozs. (circle one).

I spit up: never, occasionally, always (circle one).

Additional Comments:

Sleeping:

I like to be rocked or laid in my bed (circle one) to sleep.

I like to sleep on my back, side, or tummy** (circle one).

I sleep with my pacifier yes or no (circle one).

I usually sleep at these times: _____
For how long? _____

Additional Comments:

Diapering:

General Information:

***Over the counter ointments and other topical medications for localized diaper rash may be administered after the Child Medication Authorization and Log has been completed by the parent or legal guardian.**

****Young infants who are not capable of rolling over on their own, will be positioned on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS).**