

## Infant Daily Schedule

Student Name DOB		Current Age (in months)			
Please return prior to your child's start date via email to your program director: Rachael egedirector@suescuela.com or Stacy egenorwelldirector@suescuela.com					
**At this stage in an infant's life their schedules are changing so frequently, so for us to stay consistent at school with what you are doing at home, please send an updated version of this plan to the Director as often as your child's schedule changes. **					
Bottles:					
Is your child drinking bottles? (Please circle)	YES	NO			
If yes, is your child drinking breast milk, form	ula, or whole	milk?			
How many ounces does your child drink at each feed?					
*(Please note that per EEC regulations each bottle sent in should have only enough milk/formula for one feed.  Bottles will only be offered for <i>one hour</i> once it is started, and any unused milk will be sent home) *					
How often is your child drinking bottles?					
How often, if at all, does your child typically need to be burped during a bottle?					
Does your child spit up after feeding?	YES	NO			
Does your child drink water from a sippy cup?	? YES	NO	How often?		
Meals:					
Is your child eating food? (Please circle)		YES	NO		
If yes, is your child eating only pureed food, a mix of pureed food and finger foods, or only finger foods?					
Does your child have any known food allergies	s/sensitivities	s/aversions/pre	eferences? YES NO		
If yes, please explain:					
What time of day, or how frequently does you 4 hours; I hour after bottle, etc.)	r child eat m	eals? (i.e. at 8:	00, 12:00 and 3:00; every		
Any other specific notes about bottles and/or					

Napping:				
How often does your child nap?	How long is a ty]	w long is a typical nap?		
Does your child sleep with a pacifier?	YES	NO		
*(Please note that per EEC regulations pacifiers muse embel	st be free from lanyards, cord llishments) *	s, stuffed animals, or any other		
Does your child use a sleep sack, sleep suit, or	nothing when napping	?		
Are there specific nap routines at home?				
Where does your child nap at home?				
How does your child fall asleep? (rocked, on t	heir own, etc.)			
General Schedule				
Please give an overview of your child's daily so bottles, meals, naps, etc.:	chedule, and include spe	ecific times if applicable for		
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Signature of Parent	<u>U</u>	ate		