

CTK Kids Learning Center
Basic Infant Information and Care Plan

Child's Name: _____ Nickname: _____

Child's Date of Birth: _____ 18mo B-day: _____

Feedings:

What's in the bottle: __ Breast Milk __ Formula (Brand): _____

Baby prefers bottle: __ Room Temp __ Warm __ Cold

Please complete the chart based on your child's meal time needs.
 Put NA in any box that may not apply to your child. Write a time in
 each box for when the meal should be given.

Meal Times	Food Baby Food, Table Food, Serving Size Food cannot be heated up	Drink Bottle, Sippy Cup, Juice/Milk Box onces per serving, Served before/with/after meal
Breakfast (7a-9a)		
Snack (9a-11a)		
Lunch (11a-1p)		
Snack (1p-4p)		
Dinner (4p-6p)		

How often should staff check/change your child's diaper? _____
(Please note we will change your child's diaper if soiled or excessively wet
sooner than suggested for the health of your child.)

Security item(s): _____

How does baby fall asleep? _____

Child Sleeps on Back! Position Waiver is needed and must be signed by
your child's doctor to sleep on tummy, side or with a sleeping wedge.

Nap Schedule:

Nap Times	Your Child's Nap Time Time child should be put down Approx. length of nap
Morning (7a-10a)	
Mid-day (11a-1p)	
Afternoon (1p-4p)	
Evening (4p-6p)	

Allergies: _____

Additional information, tips, precautions:

Parent Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

Infant Care Plan must be submitted before child's first day and must be
updated as needed!