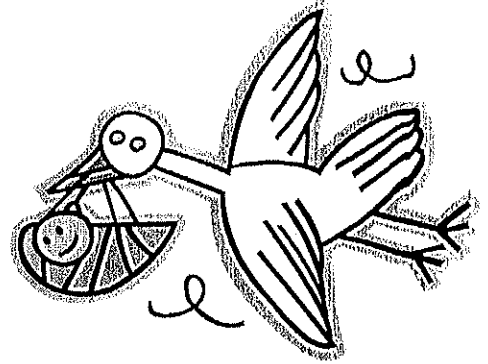


INFANT INTAKE SHEET



Child's Name _____

Parents' Name _____

Birthdate _____

Arrival Time _____ Pick Up Time _____

Formula _____

Amount _____

Times of Feedings _____

How long do you keep bottles after each feeding? _____

Other Foods _____

Amount _____

Times of Feedings _____

Naptimes A.M. _____ P.M. _____

Medications _____

Does your child have any allergies, physical, or medical conditions we should be aware of? _____

What is your child's favorite activity? _____

Is there any other information that will help us take care of your child?

