

****Name** _____

Birth Date _____



☐ Formula or ☐ Breastmilk

How many ounces of milk? _____

How often? _____

Does your baby normally burp? _____

How do you heat the bottle? _____

Does your baby eat baby food? _____

How much? _____

How often? _____

Does your baby eat finger foods? _____

What kinds of finger foods?

Sleeping Hints: _____

Special Instructions:

Parent's Signature

Date

****DO NOT release this baby to anyone unless prior permission from the parents!**



I hereby give Faith Builders Day Care permission to use a breathable blanket with my child while they are in their cribs.

Parent signature _____ Date _____

Staff signature _____ Date _____

Any parental instructions: