



Cypress-Fairbanks Independent School District

Early Learning Center INFANT INFORMATION SHEET

Please note: this form must be updated on a monthly basis as changes occur.

Child's Name _____ Birth date ____/____/____

Drinking Habits: (please check which apply): Breast Fed ___ Bottle Fed ___ Cup ___ Milk ___ Formula ___ Juice ___

How Many Ounces & What Kind or Brand of:

Formula _____ & _____ oz. Milk _____ & _____ oz. Juice _____ & _____ oz.

Feeding Times: _____

Any problems during feeding? _____ Please explain _____

Eating Habits: What foods has your child been introduced to?

Baby Foods

Fresh Foods

Cereals _____

Cereals _____

Fruits _____

Fruits _____

Meats _____

Meats _____

Vegetables _____

Vegetables _____

Other _____

Other _____

Any allergies or sensitivity to foods?

Sleeping Habits: (All children must sleep on their backs until they are able to turn over on their own)

A.M. Nap Time _____ P.M. Nap Time _____

Any sleeping problems? _____ Please explain _____

How does your child go to sleep?

General Information: Expected arrival time _____ Expected pick up time _____

Does your child use a pacifier? _____ If so, when? _____

Is there any medical problems or conditions we should be aware of? _____

Special Instructions:

Signature of Parent _____ Date _____