

**CHILDREN'S FOUNTAIN OF KNOWLEDGE LEARNING CENTER**  
**INFANT CARE INSTRUCTIONS**

Dear Parent:

In order to serve your Infant's needs in a more individual manner, we ask that you complete this form and return it to us or your child's teacher no later than next week.

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Type of Formula (be specific) \_\_\_\_\_ Warmed \_\_\_\_\_

Type of Juice(s) \_\_\_\_\_

Type of Diet: Cereal \_\_\_\_\_ Meats \_\_\_\_\_

Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_

\_\_\_\_\_

Allergies: Food \_\_\_\_\_

Skin \_\_\_\_\_

Other \_\_\_\_\_

Skin Care: Ointment \_\_\_\_\_ Special Soap \_\_\_\_\_

Sleeping Position: The baby will be sleeping on his back unless directed otherwise by a physician in writing.

Other Helpful Information (please include schedule for feeding, sleeping, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for allowing us to care for your child. Please update this information as necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date