

**Countryside Montessori
INFORMATION FORM - INFANT CLASS**

Child's Name _____ Date of Birth _____

Parent's Names _____

FEEDING

BREAKFAST: Time _____ Type and Amount of Food _____

LUNCH: Time _____ Type and Amount of Food _____

SNACKS: Time _____ Type and Amount of Food _____

Is your child on formula or breast milk? _____ Does your child drink from a cup? _____

How often does your child take a bottle? _____ Amount? _____

Does your child eat: cereal ____, first foods ____, junior foods ____, finger foods ____, other _____

Allergies or other health related concerns? _____

CHANGING

Do you use cloth or disposable diapers? _____

Do you use diaper cream? _____ What kind? _____
(Please bring in if yes)

NAPPING

Morning Nap: Time _____ Afternoon Nap: Time _____

How long does your child usually nap? _____ How many naps does your child take? _____

Does your child take a pacifier? _____ If yes, when? _____

Does your child need a special blanket, stuffed animal, etc. to sleep? _____ What? _____

Method of putting child to sleep _____

SPECIAL COMMENTS

Can we take your child on walks? _____ Does your child have any special needs? _____

Does your child take any medications? _____ (Please fill out medications form if yes)