

West Cobb Prep Academy



Infant Care Plan

Child's Name _____ Date of Birth _____

Age _____ months

Eating Plan

- Formula Name of Formula _____
 Breast milk
 Combination of breast milk and formula
 Baby food Stage 1 • Stage 2 • Stage 3 • Stage 4 • Other type _____
 Cereal Name of Cereal _____
 Solid or Table Food Will he/she be eating from the school's menu? Y or N

Does he/she have teeth? Y or N Can he/she chew solid food? Y or N

List any allergies or digestive problems: _____

Please outline a schedule of feeding times:

Example:

Time: 6:45 am Ounces 6 ozs Type: Formula

Time 7:45 am Ounces 4 ozs Type Pear Juice

Time: _____ Ounces _____ Type _____

Time: _____ Ounces _____ Type _____

Time: _____ Ounces _____ Type _____

Time: _____ Ounces _____ Type _____

Time: _____ Ounces _____ Type _____

Time: _____ Ounces _____ Type _____

Time: _____ Ounces _____ Type _____

Time: _____ Ounces _____ Type _____

Example:

Time: 6:45 am Amount 1 jar Type Peaches

Special Instructions: mix with cereal

Time: 6:45 am Amount 3 TBS Type Cereal

Special Instructions: mix with peaches above

Time: _____ Amount _____ Type _____

Special Instructions: _____

Time: _____ Amount _____ Type _____

Special Instructions: _____

Time: _____ Amount _____ Type _____

Special Instructions: _____

Time _____ Amount _____ Type _____

Special Instructions: _____

Napping

Please place my child on their _____ to sleep.

He/she can rollover? Y or N

List a nap schedule

Time _____ Length _____

Time _____ Length _____

Time _____ Length _____

Time _____ Length _____

Special Instructions:

Would like like diaper cream applied at changing? Y or N Type _____

How often? _____

Parent's Signature