



Infant/Toddler Update For _____
 Month _____ Year _____

Child's Name _____ Arrival: _____ Pick Up: _____

I like to nap from _____ to _____ to _____ to _____ to _____
 AM/PM AM/PM AM/PM AM/PM

At night time,

- I have my nights confused with day time!
 I'm usually very alert between _____ and _____ after my feeding!
- I'm sleeping from _____ to _____.
- I'm sleeping through the night!

Bottle Feedings (Start at Midnight):

Time	Formula/Ounces	Bottle Fed Breast Milk/Ounces	Breast Feeding

New foods I've tried at home:

Breakfast Foods _____
 Lunch Foods _____
 Dinner Foods _____
 Snacks _____

I made the funniest face when I tried _____ for the first time!

My favorite foods to eat are _____!

I tasted _____, but didn't like it too much!

I've discovered _____!

At home, I like to _____!

At home, I don't like to _____!

Milestones I've achieved last month _____!

Milestones I'm currently trying to achieve _____!

Things we'll be working on at home/school this month _____

Additional Comments _____

*Staff distribute to parents for update at the beginning of every month