

Month _____ Year _____

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

Please complete the following information so that we have current written instructions/schedules for your child to be sure that we are meeting their changing needs. Specific verbal instructions are still needed daily so your child's teacher can modify/accommodate your child's individual needs each day.

I, _____, give Kiddie Academy of Greenlawn's staff permission to prepare formula and meals; according to the schedule below for my child _____.

Current Feeding Schedule

Directions For Bottle Prep/Feeding

Bottle Feedings (Start at Midnight):

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

Table Food

New Foods I've Tried At Home

Breakfast

Lunch

Dinner

Snacks

- I am ready for table food! I can try the following this month _____
- I will try LIMITED menu items (I've Highlighted Attached Menu)
- I can have all items on menu
- I have an allergy/diet restriction...
See Front Desk for Diet Restriction Form

Directions For Preparing My Child's Food/Feeding

(Cereal, Baby Food Jars, Table Foods, Snacks)

Current Sleep Schedule

At night time,

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

Sleeping Directions For My Child

Current Nap Schedule/Routine

Immunizations: Has your child received any immunizations or will they receive immunizations this month? Please remember to request a copy of the Current Immunization Record which can be faxed to 631-261-0111. Each time your child receives an immunization, you must provide a current Immunization Record. Thank you!

Parent Signature _____

Date _____