

# About your child's day!

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Bottles: Breast Milk Formula (what brand) \_\_\_\_\_

Milk: Applewood or own (what brand) \_\_\_\_\_

## Water: Bottled or Tap

Please give us a brief description of what a typical day with your child would look like. Please include times/amounts of bottles, how your child takes the bottle, naptimes, how they go to sleep and if your child is old enough please include food/time that your child eats. We would also love any tips or important information that you feel the infant/toddler team should know!

\*Just a reminder that children over 3 months of age may not use swaddle blankets or arm restricting sleep sacks.