

About your child's day!

Child's Name _____ Date of Birth _____

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!

[illegible]

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