Celebration Child Care Infant Personal Schedule

Name:_____ Today's Date:_____

Date of Birth: _____

Bottles: ☐ Formula ☐ Breast Milk ☐ Other _____

Approximate Ounces per feeding _____ ☐ Warm ☐ Room Temp ☐ Cold

Times _____ _____ _____ _____ _____

Naptimes _____ _____ _____

☐ Pacifier ☐ Sleep Sack (Arms Free Only) ☐ Other _____

(Note: Swaddling is not permitted through EEC policy after 1 month of age)

Meals:
- ☐ Does not eat solids yet
- ☐ Foods from home only
- ☐ School Snacks Okay
- ☐ Specific Snacks Only _____

Other information for staff to note:

Emergency Contacts Mom: _____

Dad: _____

Teacher Notes for Other Staff Members:

Info is to be updated as needed.