



# Little Lamb 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.