

Infant Sleeping/Eating Instructions

Child's Name: _____ DOB: _____

We realize that each child is unique in how he/she best falls asleep. Some children will sleep easily at home, but struggle at school, while others will have a completely different routine at school than at home. To give an idea where to best assist your child in rest, please fill in the information below and make us aware if anything changes in your routine.

At home my child: (circle all that apply)

- Sleeps in a bassinet
- Sleeps in a crib
- Sleeps in a swing
- Sleeps in the bed
- Sleeps anywhere

Briefly describe the environment your child sleeps best in: (noise, light, temperature, etc.)

How do you help your child fall asleep? _____

My child normally naps at the times below.

Feeding

Bottle feeding:

Currently, my child (circle one) Feeds on demand/takes an _ oz bottle at _____ hour intervals. He/She likes their bottle (circle one) cold/warm/hot.

Food:

My child eats _____ (amount) of baby food (circle one) on demand/at specific times _____.

My child eats cereal _____ (amount) in their (Circle one)bottles/in a bowl with spoon.

- I will pack my child's food. (please let the teachers know when your child is learning to use utensils on their own)
- My child is able to eat snack food provided by Austin Avenue Preschool.

