



BROCK CHRISTIAN LEARNING CENTER

INFANT CARE INSTRUCTIONS



CHILD'S NAME: _____

TODAY'S DATE: _____

CHILD'S NICKNAME: _____

DATE OF BIRTH: _____

FEEDING

BOTTLES MUST BE PRE-MIXED, LABELED WITH CHILD'S FULL NAME, DATED, AND READY TO BE SERVED.

IT IS BROCK CHRISTIAN LEARNING CENTER'S POLICY THAT BOTTLES BE HELD, AND NOT PROPPED DURING FEEDING.

DOES YOUR CHILD TAKE A BOTTLE? YES NO

IF SO, IS THE BOTTLE WARMED? YES NO

DOES YOUR CHILD HOLD HIS/HER OWN BOTTLE? YES NO

DOES YOUR CHILD FEED ON DEMAND? YES NO

IF NO, HOW OFTEN IS HE/SHE FED? _____ OZ. EVERY _____ HOURS

DOES YOUR CHILD TAKE A PACIFIER? YES NO

DOES YOUR CHILD FEED HIM/HERSELF? YES NO

DOES YOUR CHILD USE A SIPPY CUP? YES NO

CHILD'S DIET INCLUDES (CHECK ALL THAT APPLIES):

- BREAST MILK
- WHOLE MILK
- FORMULA
- WATER

- STRAINED FOODS
- BABY FOOD
- TABLE FOODS
- JUICE

FORMULA TYPE: _____
FORMULA AMOUNT PER BOTTLE: _____
FORMULA AMOUNT UPDATES: _____
DATE: _____ DATE: _____
DATE: _____ DATE: _____

FEEDING	TIME OF DAY	APPROXIMATE AMOUNT OF FOOD
BREAKFAST		
AM SNACK		
LUNCH		
PM SNACK		

IS THERE ANY FOOD YOUR CHILD SHOULD NOT EAT FOR MEDICAL, RELIGIOUS, OR PERSONAL REASONS?

DIAPERING

IF ANY CREAMS, OINTMENTS, POWDERS, OR LOTIONS ARE NEEDED, A MEDICATION AUTHORIZATION FORM FROM THE FRONT OFFICE MUST BE SIGNED!!

ADDITIONAL COMMENTS:

SLEEPING

REGARDING INFANT SLEEP PRACTICES, BROCK CHRISTIAN LEARNING CENTER FOLLOWS THE RECOMMENDATION OF THE SIDS ALLIANCE.

ADDITIONAL COMMENTS:

PLEASE PROVIDE AN APPROXIMATE SCHEDULE OF YOUR CHILD'S DAY:

ADDITIONAL INSTRUCTIONS:

WHEN CHANGES ARE MADE TO YOUR CHILD'S DIET OR SCHEDULE, YOU MUST INFORM YOUR CHILD'S TEACHER IMMEDIATELY!

PLEASE REVIEW/UPDATE EVERY 30 DAYS!

I UNDERSTAND IT IS MY RESPONSIBILITY TO KEEP BCLC UPDATED, IN WRITING, AS MY CHILD'S NEEDS CHANGE!

PARENT/GUARDIAN SIGNATURE

DATE