

TELL US ABOUT YOUR BABY!!!

Today's Date/Fecha de _____

Child's Name (**Nombre del niño**): _____ Birth Date (**Fecha de nacimiento**): _____

Reminder: All items must be labeled with Child's full name.
(Includes bottles, breastmilk bags, clothing, pacifiers, etc)

Aviso: Todos los artículos deben estar etiquetados con el nombre completo del niño. (Incluye biberones, bolsas de leche materna, ropa, chupetes, etc).

Approximate drop off time(**Aproximada de entrega**): _____

Approximate pick-up time(**Hora aproximada de recogida**): _____

Please describe any allergies ex. seasonal, skin or any intolerances:
(**Por favor, describa cualquier alergia ex. estacional, cutánea o cualquier intolerancia**):

*****Medication chart must be completed and discussed daily*****

La tabla de medicamentos debe completarse y discutirse diariamente

How is your baby fed? **¿Cómo se alimenta a su bebé?**

_____ Breast Milk/Leche materna --- How many ounces?/**¿Cuántas onzas?** _____

_____ Formula/ **Fórmula** --- How many ounces?/**¿Cuántas onzas?** _____

Formula Brand name and type/ **Fórmula Nombre de marca y tipo:** (ex. Similac Soy) _____

How often is your baby fed?/**¿Con qué frecuencia se alimenta a su bebé?**

_____ Eats on demand/ **Come a pedido** -OR-

_____ A schedule/**Un horario**

(How many hours between each bottle?/**¿Cuántas horas hay entre cada botella?** _____)

How do you put your baby to sleep?/**¿Cómo duermes a tu bebé?** (Check all that apply/ **Marque todo lo que corresponda**)

_____ Meceanodo/Rocking _____ **Acariciando**/Patting _____ Caminar/Walking _____ **Música**/Musica

_____ **Chupete**/Pacifier _____ **Swaddler (por favor traiga el suyo)**/ Swaddler (please bring your own)

Reminder: No blankets are allowed in the baby's crib
Aviso: No se permiten mantas en la cuna del bebé

¿Hay algo más que debemos saber sobre el cuidado de su bebé?/Is there anything else we should know about caring for your baby?

Parent Comments at update: _____ initials/date: _____

Parent Comments at update: _____ initials/date: _____

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Child's Name: _____ Birth Date: _____

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(Includes bottles, breastmilk bags, clothing, pacifiers, etc)

Approximate drop off time: _____

Approximate pick up time: _____

Please describe any allergies (seasonal, skin or any intolerances):

*****Medication chart must be completed and discussed daily*****

How is your baby fed?

_____ Breast Milk --- How many ounces? _____

_____ Formula --- How many ounces? _____

What kind? (Brand name and type: ex. Similac Soy) _____

How often is your baby fed?

_____ Eats/Fed on demand or

_____ A schedule (how many hours between each feeding? _____)

How do you put your baby to sleep? (Check all that apply)

_____ Rocking

_____ Patting

_____ Walking

_____ Pacifier

_____ Music/Sound Machine

_____ Swaddle (please provide)

**Reminder: No blankets are allowed
in the baby's crib**

Is there anything else we should know in caring for your baby? _____

Parent Comments at update: _____ initials/date: _____

Parent Comments at update: _____ initials/date: _____

Parent Comments at update: _____ initials/date: _____