



Piper Center for Family Studies and Child Development
Department of Human Sciences and Design • Child and Family Studies Program

Infant Care Form

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Feeding (Update every 30 days)

My child is currently on the following feeding plan (check all that apply):

[ ] Breast Milk

Select amount and schedule:

[ ] Feed on demand

[ ] \_\_\_\_\_ ounces every \_\_\_\_\_ hours

[ ] \_\_\_\_\_ ounces at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (times)

[ ] Formula

Formula brand and name: \_\_\_\_\_

Select amount and schedule:

[ ] Feed on demand

[ ] \_\_\_\_\_ ounces every \_\_\_\_\_ hours

[ ] \_\_\_\_\_ ounces at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (times)

[ ] Baby Food/Baby Cereal

Select amount and schedule:

[ ] Feed on demand

[ ] \_\_\_\_\_ (amount) every \_\_\_\_\_ hours

[ ] \_\_\_\_\_ (amount) at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (times)

Other feeding instructions: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My child has tried the following food(s) at home three or more times without a reaction (check off each food as they try it):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Apples/applesauce           | <input type="checkbox"/> Chicken                           | <input type="checkbox"/> Oranges                 |
| <input type="checkbox"/> Avocado                     | <input type="checkbox"/> *Ground cinnamon                  | <input type="checkbox"/> Pasta (whole grain)     |
| <input type="checkbox"/> Bananas                     | <input type="checkbox"/> Corn                              | <input type="checkbox"/> Peaches                 |
| <input type="checkbox"/> Beef                        | <input type="checkbox"/> Crackers (whole grain)            | <input type="checkbox"/> Pears                   |
| <input type="checkbox"/> Bell pepper                 | <input type="checkbox"/> Eggs                              | <input type="checkbox"/> Pineapple               |
| <input type="checkbox"/> Black beans                 | <input type="checkbox"/> Fish                              | <input type="checkbox"/> Pork                    |
| <input type="checkbox"/> *Black pepper               | <input type="checkbox"/> Grapes                            | <input type="checkbox"/> Quinoa                  |
| <input type="checkbox"/> Blueberries                 | <input type="checkbox"/> Green beans                       | <input type="checkbox"/> *Sesame oil             |
| <input type="checkbox"/> Bread (whole grain)         | <input type="checkbox"/> Green peas                        | <input type="checkbox"/> Spinach                 |
| <input type="checkbox"/> Broccoli                    | <input type="checkbox"/> Ham                               | <input type="checkbox"/> Strawberries            |
| <input type="checkbox"/> Brown rice (whole grain)    | <input type="checkbox"/> Honeydew                          | <input type="checkbox"/> Sunflower butter        |
| <input type="checkbox"/> Cantaloupe                  | <input type="checkbox"/> Hummus                            | <input type="checkbox"/> Sweet potato            |
| <input type="checkbox"/> Carrots                     | <input type="checkbox"/> Kiwi                              | <input type="checkbox"/> Tomatoes                |
| <input type="checkbox"/> *Celery powder              | <input type="checkbox"/> Milk (specifically cow's milk)    | <input type="checkbox"/> Tortillas (whole grain) |
| <input type="checkbox"/> Cheerios (plain)            | <input type="checkbox"/> *Mustard powder                   | <input type="checkbox"/> Turkey                  |
| <input type="checkbox"/> Cheese                      | Oatmeal  | <input type="checkbox"/> *Turmeric               |
| <input type="checkbox"/> Chex cereal (rice and corn) | <input type="checkbox"/> *Onion (cooked, salt, and powder) | <input type="checkbox"/> *Vanilla extract        |
|  |  | <input type="checkbox"/> Watermelon              |
|  |  | <input type="checkbox"/> Yogurt                  |

*Please note, this list is not exhaustive but is a representation of the types of foods served in our program. It is the responsibility of each family to review our monthly menus and inform their child(ren)'s teachers of any menu items that are not approved for that child- especially if that food is not an allergy/sensitivity of which the teachers/administrative staff have already been made aware.*

By checking this box, I attest that my child has transitioned to table food and will be served all foods provided by the Piper Center for their age group except (list all that apply): \_\_\_\_\_

because:

- they are allergic to this food.  
 they have had a reaction to this food.  
 this food does not align with our religious beliefs.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diapering**

My child is currently using the following (check all that apply):

- Disposable diapers  
Diaper size: \_\_\_\_\_
- Cloth diapers
- Baby wipes from home
- Baby wipes provided by the Piper Center
- Diaper rash cream/ointment  
Cream/ointment brand and name: \_\_\_\_\_
- To be applied:
  - As needed
  - Every diaper change
  - At \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (times)

**Resting**

My child is on the current nap schedule:

- Nap on demand
- Nap every \_\_\_\_\_ hours
- Nap at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (times)

My child typically sleeps for \_\_\_\_\_ minutes/hours (circle one).

My child currently uses the following comfort items:

- Pacifier
- Lovie/stuffed animal/small blanket
- Sleep sack

My child currently falls asleep (check all that apply):

- On their own after being laid in their crib
- Being patted after being laid in their crib
- With a hand on them after being laid in their crib
- While being held and rocked
- While being held and patted
- While being held and sung to
  - We usually sing this song: \_\_\_\_\_
- In a dark room
- In a moderately dark room
- In a bright room
- In a silent room
- In a moderately quiet room
- In a loud room
- With a sound machine
  - We usually use this sound: \_\_\_\_\_
- With music playing
  - We usually play this music: \_\_\_\_\_

If my child wakes sooner than expected, I help them fall back asleep by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_