

**Aspen Child Development Center at Heritage Lakes  
Infant Child Profile**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

**Feeding Schedule & Food Preferences:**

Breastmilk \_\_\_\_\_ Formula (brand): \_\_\_\_\_

Time: \_\_\_\_\_ Ounces: \_\_\_\_\_ Time: \_\_\_\_\_ Ounces: \_\_\_\_\_

Time: \_\_\_\_\_ Ounces: \_\_\_\_\_ Time: \_\_\_\_\_ Ounces: \_\_\_\_\_

Time: \_\_\_\_\_ Ounces: \_\_\_\_\_ Time: \_\_\_\_\_ Ounces: \_\_\_\_\_

Preferred Cereal: \_\_\_\_\_

Solids schedule: (Type = C/cereal, F/fruit, V/vegetable, M/meat or meal)

Type: \_\_\_\_\_ Time: \_\_\_\_\_ Amt: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_ Amt: \_\_\_\_\_

Type: \_\_\_\_\_ Time: \_\_\_\_\_ Amt: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_ Amt: \_\_\_\_\_

Type: \_\_\_\_\_ Time: \_\_\_\_\_ Amt: \_\_\_\_\_ Type: \_\_\_\_\_ Time: \_\_\_\_\_ Amt: \_\_\_\_\_

Sleeping Schedule: \_\_\_\_\_

Is there anything that scares your child? \_\_\_\_\_

\_\_\_\_\_

Are there any special eating instructions? \_\_\_\_\_

\_\_\_\_\_

Does your child have any known allergies? NO \_\_\_\_\_ YES \_\_\_\_\_ (if yes, what?)

\_\_\_\_\_

Are there any special medical needs we should be aware of? \_\_\_\_\_

\_\_\_\_\_

What does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any special customs or requests regarding your child's care? (We will do our best to comply with your requests regarding your child's care, ensuring that we comply with licensing standards at all times.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any additional information such as child's communication, comforting routines, discipline and so on that you would like to share with us regarding your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_