

## Teddy Bear's Playhouse – Provider Information

Infant Name:	Today's Date:
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### Information about your Child's most recent feeding

What did your child last eat or drink?	What time?	How much?

**List what you would like your child to eat and/or drink with the approximate time schedule**

Please list below: <u>What to serve</u> , <u>How much</u> and the <u>Approximate timing for the feeding</u>		
<input type="checkbox"/> My child is on bottles only.	<input type="checkbox"/> Feed my child as he/she demands.	<input type="checkbox"/> Feed my child approximately every ___ hours.

### Sleep Patterns

How long did your child sleep last night? ___ Hours	What time did your child wake up this morning? ___ a.m.
Did your child sleep well? Yes or No?	If no, what seemed to be the problem?

Nap my child as needed

Other (Please list approximate times for naps)

**Last Diaper Change:** \_\_\_ a.m.