

Child's Name: _____

Infant Daily Routine 8 - 16 Months

Morning feeding time at school:

AM Bottle: Time: _____ Amount: _____

AM Nap: Time: _____ Approx. Length of nap: _____

AM Food: Time: _____ What: _____

Lunch feeding time at school:

Bottle: Time: _____ Amount: _____

Nap: Time: _____ Approx. Length of nap: _____

Food: Time: _____ What: _____

Afternoon feeding time at school:

PM Bottle: Time: _____ Amount: _____

PM Nap: Time: _____ Approx. Length of nap: _____

PM Food: Time: _____ What: _____

Is your child eating table foods yet? _____

Is your child allowed school snacks - Parents signature _____ Date _____

Is your child:

A thumb sucker _____ Needs a pacifier _____

Crawling _____ Walking _____

Plays in the jumper _____ Sits up by themselves _____

Special nap time routine _____

Parent signature: _____ Date: _____