



Kids Korner Infant Information Sheet

Kids Korner

Kids Korner two

Date of Birth: _____

Please provide the following information about your child and review our sleep policy statement. When completed and signed, return to the Kids Korner office with your other registration materials.

Child's Name: _____ Sex: M F

Nutrition

What types of food has your child been receiving?

Bottle only

Bottle and baby cereal

Bottle, baby cereal and baby food

Table food only

Bottle, baby food and some table food

If your child takes a bottle, please explain what type of milk (i.e., breast milk, formula, cows milk).

If your child takes formula, please explain the brand and concentration used.

Please explain the normal eating schedule for your child, including bottles and solid food if applicable.

Sleep

The Kids Korner two infant sleeping policy as well as the Center for Disease Control recommendations for safe sleep environment for infants, require that children be placed on their back at all times when sleeping. We have included a handout in your registration materials entitled *SIDS: Safe Sleep Environment* for your review. We ask that you please **sign this form below to indicate you have received the handout and agree to the Kids Korner two infant sleeping policy that infants are placed on their back at all times when sleeping.**

How often does your child nap during the day? _____

Please explain your child's sleeping routine. _____

Other

Is there anything else you would like your child's caregiver to be aware of? _____

Parent's Signature

Date