

Little Learning Academy's Infant/Toddler Habits

We at Little Learning Academy would like to serve your child or children the best way possible. In order to do that we need you to tell us your child's habits.

Child's Name : _____ Birthdate: _____

Eating Habits (Does your child have a big or small appetite, or is there any thing that he/she can't eat or is allergic to, etc.)

Feeding Schedule: My child eats every _____ hours

Formula Type/Jar Food: _____ ounces/Amounts: _____

Table Food: _____ Snacks/Restrictions: _____

Additional comments: _____

Toileting Habits (When do you usually change your child, how many times, is he/she potty trained, etc.)

Toileting Schedule:

Additional comments: _____

Sleeping Habits (When does your child usually sleep or wake up...is he/she restless? Etc.)

Sleeping Schedule:

Special nap environment: (circle all that apply) music silence

We place babies on their backs to sleep in cribs free from objects. For Swaddling or alternative sleep position (see swaddling consent or sleep positioning forms)

Additional comments: _____