



# Oak Brook School

family owned since 2001

## Infant & Discoverer Information *\*must update monthly\**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Completion

### Feeding

#### My child drinks from a:

- Bottle     Sippy Cup     Cup

Typically drinks \_\_\_\_\_ oz. every \_\_\_\_\_ hours. Please burp after \_\_\_\_\_ oz.

#### My child drinks:

- Formula                       Breast Milk                       Whole Milk                       Water  
 Other, please list \_\_\_\_\_

#### Dairy my child has tried at home with no allergic reaction:

- Milk                       Cheese                       Cream Cheese                       Yogurt  
 Other, please list \_\_\_\_\_

#### Vegetables my child has tried at home with no allergic reaction:

- Carrots                       Broccoli                       Zucchini                       Sweet Potato  
 Peas                       Cauliflower                       Tomato  
 Green Beans                       Squash                       Potato  
 Other, please list \_\_\_\_\_

#### Fruits my child has tried at home with no allergic reaction:

- Bananas                       Pears                       Oranges                       Apricots  
 Apples                       Peaches                       Plums                       Strawberries  
 Other, please list \_\_\_\_\_

#### Meats and Proteins my child has tried at home with no allergic reaction:

- Chicken                       Beef                       Turkey                       Eggs

#### Grains my child has tried at home with no allergic reaction:

- Rice                       Corn                       Wheat                       Oats  
 Other, please list \_\_\_\_\_

#### All known allergies:

\_\_\_\_\_  
\_\_\_\_\_

#### Specific Preferences:

\_\_\_\_\_  
\_\_\_\_\_

#### Restricted Foods:

\_\_\_\_\_  
\_\_\_\_\_



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### Routine & Preferences

#### My child's typical schedule:

*Please note the feeding and nap schedule your child follows in a typical day:*

7:00 \_\_\_\_\_

8:00 \_\_\_\_\_

9:00 \_\_\_\_\_

10:00 \_\_\_\_\_

11:00 \_\_\_\_\_

12:00 \_\_\_\_\_

1:00 \_\_\_\_\_

2:00 \_\_\_\_\_

3:00 \_\_\_\_\_

4:00 \_\_\_\_\_

5:00 \_\_\_\_\_

6:00 \_\_\_\_\_

#### Security items (pacifier, blankets, etc.):

\_\_\_\_\_

*As a reminder children will always be put to sleep on their back.*