

INFANT INFORMATION

Name: _____ Date of birth: _____

Allergies and diet specifications (documentation must be on file): _____

Approved milk – Please initial and date:

_____ Breastmilk (parents provide) _____ Formula (parents provide)

_____ Hormone-free whole cow milk (Casa provides)

_____ Other (parents provide) – specify: _____

Notes about milk and feeding schedule: _____

Approved foods – Please initial and date:

***All products served are organic and provided by Casa**

Breakfast:

_____ Infant Multigrain Cereal

_____ Infant Oatmeal Cereal

_____ Infant Oatmeal Millet

_____ Quinoa Cereal

_____ Prunes

_____ Pear Applesauce

_____ Peach Applesauce

_____ Apricot Applesauce

_____ Applesauce

Lunch:

_____ Carrots & Apricots

_____ Yellow Squash

_____ Sweet Potatoes

_____ Zucchini

_____ Pumpkin (seasonal)

_____ Mixed Veggies

(peas, carrots, green beans, corn)

_____ Butternut Squash

_____ Yogurt

_____ Cheese

_____ Cottage Cheese

Snack:

_____ Bananas

_____ O's Cereal

_____ Quinoa Stars Cereal

_____ Watermelon

_____ Honeydew

_____ Papaya (seasonal)

_____ Pears

_____ Cantaloupe

_____ Wheat Bread

_____ Oatmeal Bread

Toddler Lunch:

_____ My child is 12 months or older

_____ Except for any allergies or diet specifications listed above and documented on my child's file, my child may eat ALL of the foods served in the toddler lunch monthly meal plans.

Notes about food and eating schedule: _____

Approved miscellaneous items – Please initial and date:

_____ BPA-free bottles (Casa provides)

_____ BPA-free sippy cup (Casa provides)

_____ Cloth diapers (Casa provides) If no, parents provide: _____

_____ Natural baby wipes (Casa provides) If no, parents provide: _____

_____ Pacifier (Parents provide) If yes, circle one: Anytime / Just during nap time

Notes about toileting: _____

Notes about communication and effective methods for comforting: _____

Describe anything you would like us to know about your family's values, beliefs, experiences, communication or language that may influence your child's care: _____

Please note: In preparation for the Toddler classrooms, children over the age of 12 months may be transitioned from napping in a crib to napping on a cot. Your signature below authorizes this transition.

Parent / Guardian Signature: _____ Date: _____