

**Trinity Baptist Church
Parent Instructions/Infant Schedule**

(Please Circle Or Complete As Appropriate)

Baby's Name: _____

Baby's Birthday: _____

Parents' Names: _____

Parents' Location : _____

SLEEPING

Position: _____

Does the baby hold something? Yes No What: _____

FEEDING

Does the baby nurse? Yes No Time: _____

Does the baby take formula? Yes No Time: _____

How do you feed the formula? Warmed Room Temperature

Do you give the baby juice? Time: _____

How do you feed the juice? Warmed Chilled Room Temperature

How do you prefer the baby be burped? _____

Do you burp: During feeding After feeding

OTHER HELPFUL INFORMATION

Does the baby use a pacifier? _____

When diapering, do you use Powder Oil Other _____

Does the baby have allergies? _____

Special instructions: _____
