



Pasadena
child care &
homework center

Infant Plan

Child's Name _____ Date of Birth _____

Feedings: _____ Breast Milk _____ Formula

Feeding interval: Every _____ hours

Feeding amount: _____ ounces per feeding

Nap Times: AM: _____ PM: _____

Allergies: _____

PLEASE be aware that if your child does have a known allergy, we will need a physician signed medical form alerting us to the condition.

Comments/Special Needs/Concerns: _____

In the event that your child becomes ill, which parent should we call first? _____

Parent contact information: Name _____ phone _____

Parent contact information: Name _____ phone _____

Parent Signature: _____ Date: _____

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www.pasadenachildcare.com