

For the Month of:

# Infant All About Me

My Name is: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am currently \_\_\_\_\_ Months old!

I drink (check all that apply):  Formula  Breastmilk  Whole Milk  Water

I drink from a (circle all that apply):  Bottle  Breast  Sippy Cup

The brand of Formula (if applicable) that I drink is: \_\_\_\_\_

The brand of Bottles (if applicable) that I use are: \_\_\_\_\_

I take my bottles every \_\_\_\_\_ hours. If I typically take them ON DEMAND please check here:

I use a pacifier:  YES  NO The brand of my pacifiers are: \_\_\_\_\_

My Mommy and Daddy would like me to have my Pacifier (check all that apply):

On Demand  Only at Nap Time Other: \_\_\_\_\_

**Breakfast**

I eat Breakfast at: \_\_\_\_:\_\_\_\_ A.M.  
 I can have (check all that apply):  
 Applesauce  Bananas  Cheerios  Puffed Rice  
 I eat food from home which consists of:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Lunch**

I eat Lunch at: \_\_\_\_:\_\_\_\_ A.M./P.M.  
 I can eat (check all that apply):  
 All Catered Lancer Food  
 Some Catered Lancer Food (See my Menu)  
 Food from home which consists of:  
 \_\_\_\_\_  
 \_\_\_\_\_

For **Snacks** I can have (check all that apply):

<input type="checkbox"/> Does not apply at this time	<input type="checkbox"/> Animal Crackers	<input type="checkbox"/> Saltine Crackers
<input type="checkbox"/> Cheese Slice	<input type="checkbox"/> Chocolate Chip Cookies	<input type="checkbox"/> Graham Crackers
<input type="checkbox"/> Veggie Straws	<input type="checkbox"/> Nilla Wafers	<input type="checkbox"/> Club Crackers
<input type="checkbox"/> Ritz Crackers	<input type="checkbox"/> Goldfish	<input type="checkbox"/> Cheeze-it's
<input type="checkbox"/> Cheerios	<input type="checkbox"/> Soft Fruits	<input type="checkbox"/> Snacks from home

If I am "1", I get to celebrate Birthdays with my Friends! My Mommy and Daddy say that if a friend bring in store bought treats I (check one):  CAN HAVE IT  CANNOT HAVE IT QUITE YET

I have an Allergy and/or Special Diet: \_\_\_\_\_

I have a **Care Plan** for my Allergy/Special Diet that my Teacher's need to be aware of: YES  NO

*\*Please note, if you have selected that your child has an allergy or that of a special diet you need to have your physician complete a Care Plan. Please see the office for additional forms and information.*

~\*Turn-over for more exciting information about MEI\*~