



# Oak Brook School

family owned since 2001

## INFANT INFORMATION

Child's Name: _____
Child's Date of Birth: _____
Date of Completion: _____

**My child drinks from a:**

Bottle  Sippy Cup  Cup Typically drinks \_\_\_\_\_ oz every \_\_\_\_\_ hours Please burp after \_\_\_\_\_ oz

**My child drinks:**

Formula  Breast milk  Juice  Whole Milk  Soy Milk  Rice Milk  Goat's Milk  Water  
If juice, please specify \_\_\_\_\_

**Meats/Proteins:**

Chicken  Beef  Pork  Turkey  Bacon  Fish  Beans  
 Other, please List \_\_\_\_\_

**Dairy:**

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

**Vegetables:**

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

**Fruits:**

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

**Grains:**

Rice  Wheat  Oats  Corn  Soy

**All known allergies:**

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

**Specific Preferences:**

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

**Restricted Foods:**

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



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### Feeding and Nap Schedule:

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

7am \_\_\_\_\_

8am \_\_\_\_\_

9am \_\_\_\_\_

10am \_\_\_\_\_

11am \_\_\_\_\_

12pm \_\_\_\_\_

1pm \_\_\_\_\_

2pm \_\_\_\_\_

3pm \_\_\_\_\_

4pm \_\_\_\_\_

5pm \_\_\_\_\_

6pm \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Submitted