



Oak Brook School

family owned since 2001

Infant Information **must update monthly**

Child's Name

Date of Birth

Date of Completion

Feeding

My child drinks:

Formula Breast Milk

Typically drinks _____ oz. every _____ hours. Please burp after _____ oz.

My child eats table food provided by OBS:

Yes No

If yes, you must return a copy of the monthly menu with the approved meals circled.

All known allergies:

Specific Preferences:

Restricted Foods:

Routine & Preferences

My child's typical schedule:

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

7:00 _____

8:00 _____

9:00 _____

10:00 _____

11:00 _____

12:00 _____

1:00 _____

2:00 _____

3:00 _____

4:00 _____

5:00 _____

6:00 _____

Security items (pacifier, blankets, etc.):
