



# St. Louis King of France Catholic School

Rev. Colm J. Cahill, *Pastor*      Pamela K. Schott, *Head of School*

## All About My Baby

Please tell us more about your baby and his/her everyday routines.

**Baby's Name:** \_\_\_\_\_

**Does your child drink breast milk or formula?** \_\_\_\_\_

**If a formula, what kind?** \_\_\_\_\_

**Any dietary restrictions?** \_\_\_\_\_

**What temperature does he/she like their bottle?** Circle One.

Warm (body temp)

Room Temp

Cold


Other \_\_\_\_\_

### Bottle Feeding Schedule

Approximate Time	Ounces	Can I sleep past feeding time? If so, how long?	Special Notes

**\*\*Please note that we will strive to adhere to the times you wish to have your baby fed. Remember, your baby will be with eleven other babies who may all want to eat at the same time. We will do our best to make sure your baby is fed at the time you request or close to the time you request. We also cannot force-feed a child. The teachers will keep trying with the bottle/food. \*\***

Everyday Crusading For Christ And Others

 (504) 833-8224

 (504) 838-9938

 1609 Carrollton Avenue  
Metairie, LA 70005

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Does he/she eat solids?      Yes                      No

## Solid Feeding Schedule

Approximate Time	Amount	Type of Solids	Special Notes

## Nap Schedule

Approximate Time	Duration	Uses portable sound machine, swaddle, etc.?	Special Notes

**\*\*We will strive to follow this nap schedule. Sometimes the babies get distracted and have a hard time falling asleep. We will do our best to accommodate your baby's naptimes. We will not force a child to nap if they will not go to sleep. We will continue to try to get your baby to sleep as you request.\*\***

**Crib coverings, darkening covers, bumpers, blankets, etc., are NOT allowed to be used at school. No exceptions will be made. This is a state licensing regulation.**

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**Does he/she take a pacifier?**    Yes            No

\*Pacifiers can't be clipped on or have animals attached to them due to State Licensing regulations. \*

**What are some telltale signs that your child is getting tired? (Ex: tugging on strands of hair, pulling ears, "singing", etc.)**

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**Favorite Activities (ex, favorite songs, games, etc.):** \_\_\_\_\_

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**Dislikes (ex, lying on belly, vibrating seats, etc.):** \_\_\_\_\_

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**Are there any special words we need to know? (ex; pacifier = nunu, bottle = baba, etc.)**

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**Does your child have any siblings? If so, what are their names?**

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**Does your child have any family pets? If so, what type of pets and what are their names?**

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**Please tell us any other special things we should know about your child.**

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This form was completed by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child


As your child grows and develops, please make sure to update any of the above information with your child's teachers.


**Thank you for entrusting us with the care of your child.**

**We are looking forward to getting to know your baby!**

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