

Welcome to Little Miracles Daycare!

At Little Miracles Daycare, we understand that each infant has unique needs and routines. To ensure we provide the best possible care, please complete this form in detail and update it as necessary.

CHILD'S INFORMATION

First Name	Middle	Last Name
Date of Birth	Gender	Parent / Guardian Name(s):
Primary Phone #		Secondary Phone #
Child's Home Address		

FEEDING PLAN

- ☐ Breast Milk
☐ Formula
 ☐ Brand: _____
☐ Combination
☐ Solid Foods
 ☐ Specify: _____

FEEDING DIFFICULTIES OR ALLERGIES

- ☐ Yes
 ☐ Please Specify: _____
☐ No

FEEDING SCHEDULE

Time	Amount	Bottle Instructions (Temperature, Preparation, Storage)

SLEEP ROUTINE

Preferred Sleeping Position: ☐ Back (Required per Safe Sleep Guidelines) ☐ Other (Medical Documentation Required)

Cribs must remain free of sleep aids, soft items, and loose bedding in accordance with safe sleep requirements.

Special Instructions for Sleep time: _____

PARENT / GUARDIAN AGREEMENT

Print Parents / Guardian Name

Parents / Guardian Signature

Date

OFFICIAL USE ONLY

Staff Notes

Reviewed By

Date Received