



**LSLC**  
Little Sheep Learning Center



# INFANT BIO SHEET

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**KNOWN ALLERGIES:**

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

**ROUTINES:**

**USUALLY WAKES UP AT:** \_\_\_\_\_

**USUALLY NAPS AT:** \_\_\_\_\_

\_\_\_\_\_

**EATS BREAKFAST AT:** \_\_\_\_\_

**EATS A.M. SNACK AT:** \_\_\_\_\_

**EATS LUNCH AT:** \_\_\_\_\_

**EATS P.M. SNACK AT:** \_\_\_\_\_

**FAVORITE SONG/LULLABY:** \_\_\_\_\_

\_\_\_\_\_

**FAVORITE GAME:** \_\_\_\_\_

\_\_\_\_\_

**FAVORITE TOY/KOZY:** \_\_\_\_\_

\_\_\_\_\_

**ANY OTHER IMPORTANT INFORMATION YOU WOULD LIKE TO SHARE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT DOES YOUR CHILD EAT AND HOW MUCH? (PLEASE CIRCLE)**

**FORMULA      BREAST MILK**  
**IF FORMULA WHAT TYPE?**

\_\_\_\_\_

**HOW MANY BOTTLES?** \_\_\_\_\_

**HOW OFTEN?** \_\_\_\_\_

**HOW MANY OUNCES?** \_\_\_\_\_

**BABY FOOD:      YES      NO**  
(PLEASE CIRCLE)

**HOW MUCH?** \_\_\_\_\_

**FOR WHICH MEALS?** \_\_\_\_\_

(AT WHAT TIMES) \_\_\_\_\_

\_\_\_\_\_

**INFANT CEREAL: (WHEN & HOW MUCH)?**

\_\_\_\_\_

**RATE THE SPIT-UP LEVEL FOR YOUR CHILD (CIRCLE ONE)**

0   1   2   3   4   5   6   7   8   9   10

NONE.....AN EXTREME

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

Date: \_\_\_\_\_