

## THE LIGHTHOUSE LEARNING CENTER

Welcome!

We are happy you have chosen our Infant Room. We pledge to do our very best to care for your baby. We will offer you and your child a safe, happy, loving environment, with lots of hugs and of course love.

We strive to keep our Infant Room safe and clean. Please feel free to check our record keeping books at anytime to see when you child was fed and how long he/she slept. The book for this is always kept on our front counter.

To help us, please do the following:

1. Mark the items below with your child's name:
  - a. All bottles and lids (all bottles must have lids)
  - b. Pacifiers
  - c. Baby food jars, cereal boxes, or cans
  - d. Diaper bags
  - e. Blankets
2. Brings 2 changes of clothing.
3. If your child is still on formula, then all bottles must be pre-made.
4. When your infant starts to eat table food, be sure to communicate with us. Together we can work out an appropriate menu.

The attached "Information Sheet" will help us to know more about your infant. Also, let the caregivers know in the morning if your child has had a difficult night or just received a shot or is getting a tooth.

Our infant room staff is carefully trained. Activities to stimulate their intellectual and motor development are carefully planned.

Remember you may visit or call anytime. Leaving infants is a difficult thing, so please communicate with us if you have any questions or concerns. We are committed to giving your infant the "Care they deserve when you're not there."

Carol Wilson, Director

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*"We Light the Way to an Early Education"*



## Infant Room Instruction Sheet



Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

### Feeding Instructions

YES

NO

Warm Bottles		
Warm Food		
Feeds Self		
High Chair		
Infant Seat		
Spoon		
Allergies		
Please List:		

Feeding Times	Kinds of Foods	Amounts

Special Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diapering Instructions:** Is there any special information we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Sleeping Instructions:**

Does your child sleep on their back or stomach? \_\_\_\_\_

Does your child use a pacifier while sleeping? \_\_\_\_\_

Any special needs? \_\_\_\_\_

### **Nap Schedule:**

Time

Length of Nap

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is any other information the caregivers should know, please list them carefully on the back of this form. Thanks!