



Step by Step Children's Learning Center

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Baby's Schedule

Date _____

Parent's name: _____

Parent's cell phones: _____

Parent's email: _____

Child's name: _____

Date of birth: _____

_____ Breast milk

_____ Formula - We use _____

We feed every : _____ on demand

_____ every _____ hours

Our bottles have _____ ounces in them.

Our desired sleep plan: _____

Wake only if: _____

(We will wake a sleeping baby for a feeding at the 4 hour mark. Please let us know if you would prefer something different.)

Are there any special routines or desires that you have for your little one? _____
