HOW TO TAKE CARE OF MY BABY

CHECKLIST

ABOUT US

home adress:

mom's name / cell phone:

dad's name / cell phone:

where we will be:

name /phone of location:

time we will be home:

HOW TO FEED

feeding times:
- on demand
- every ... hours

bottle feedings:
- mix formula
- mothers milk
- both

how much milk in a feeding:

solid food:

allergic to:

special instructions:

EMERGENCY? CALL 911

HOW TO PUT TO BED

sleeping times:

special instructions:

TRACK LIST

please keep track of eating, sleeping, peeing and pooing

time	what you fed	how much