



**Nanabijou Child Care Centre**  
965 Oliver Road, Thunder Bay, ON, P7B 5E1

**Phone:** (807) 343 8369  
**Email:** nanabijo@lakeheadu.ca  
**Website:** www.nanabijou.net

## WELCOME TO THE INFANT PROGRAM

Here is a list of things to bring and some information you will need while your family attends Nanabijou Childcare Centre.

You will need to bring the following:

- Diapers – if your child uses cloth diapers you will need to bring daily and a wet bag
- Diaper Wipes
- Diaper Cream (if required)
- Slippers or shoes – indoor and outdoor
- Soother (if applicable)
- Blanket or sleep sack
- Bottles, Containers of formula, breastmilk (we supply 3% milk)
- Pureed food (if needed)
- 2 changes of clothes
- Spring/Summer items: sun hat, splash pants/ rainsuit, sunscreen, rain boots
- Fall/Winter items: warm hat, mittens, snow suit as we do go out in all weather conditions and temperatures.

**Please label all items that you bring to the centre.** This will reduce mix-ups and lost clothing. Also please refrain from bringing any personal or sentimental items to the centre as we would hate for it to get lost or broken.

Please call the centre **(807) 343-8369** if your child is going to be late or absent. This allows us to plan our day and ensure your child will not miss out on any programming.

If you have any questions, please don't hesitate to ask!

**Nanabijou Childcare Centre Infant Team**

## INFANT PROGRAM INFORMATION SHEET

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

### FEEDING

Does your child use a bottle?  Yes  No

If yes – what times during the day? \_\_\_\_\_

What is in the bottle?  3% milk  Formula  Breast Milk  Other

At what temperature is the bottle to be given?  Room Temp  Warmed  Cold

Does your child have any allergies? \_\_\_\_\_

Does your child have any food restrictions? \_\_\_\_\_

How does your child eat their food?  Pureed  Chopped  As Is  Other

Please check off the following foods that your child has been exposed to and can eat if served at daycare:

Cheese	Yogurt	Eggs	Berries	3% Milk	Fish	Honey
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citrus	Corn	Wheat	Melons	Nuts	Soy	Water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SLEEPING

Does your child use a pacifier?  Yes  No

If Yes – when? \_\_\_\_\_

Does your child sleep with a special comfort item?  Yes  No

If Yes, what is it? \_\_\_\_\_ Does it stay here or go home daily? \_\_\_\_\_

Will you provide this item?  Yes  No

How does your infant sleep? \_\_\_\_\_

(ie: front, back, side, swaddled, etc.)

How do you put your child down for a nap? (Describe your child routine for nap)

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What time does your child nap?  Morning  Afternoon

Please tell us any other important information or special instructions for the care of your infant:

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