

ADMISSION



EARLY STAY



GETTING BETTER



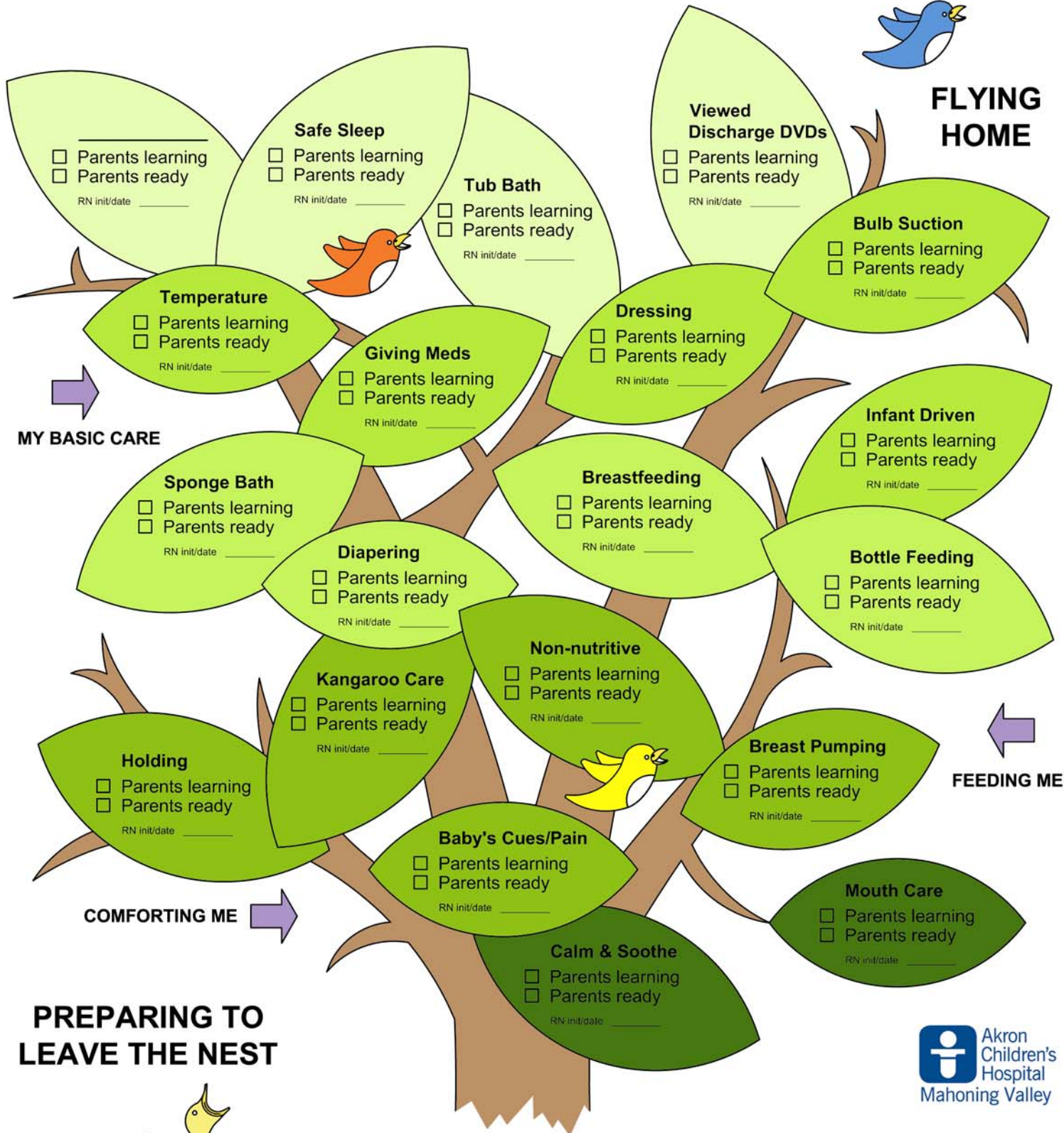
GROW & FEED



PREPARING FOR HOME



FLYING HOME



MY BASIC CARE

FEEDING ME

COMFORTING ME

PREPARING TO LEAVE THE NEST



Newborn Screens <input type="checkbox"/> _____ <input type="checkbox"/> _____	Immunizations Completed <input type="checkbox"/> Deferred <input type="checkbox"/>	Hearing Screen <input type="checkbox"/>	Eye Exam Due Date _____ N/A _____	Infant CPR <input type="checkbox"/>	Use of Sleepsack <input type="checkbox"/>	Car Seat <input type="checkbox"/>	Follow-up Appointments <input type="checkbox"/>
READY AT HOME:		Pediatrician <input type="checkbox"/>	Medicines <input type="checkbox"/>	Equipment <input type="checkbox"/>	Breast Pump <input type="checkbox"/>	House <input type="checkbox"/>	Helpers <input type="checkbox"/>



My name: _____ Date of Birth: _____ My parent's names: _____