

INFANT GROWTH & SLEEP TRACKER

Month/Year: _____

Name:

Current Age:

Pediatrician:

Growth Milestones

DATE	WEIGHT	LENGTH / HEIGHT	HEAD CIRCUMFERENCE
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Daily Sleep Log

DATE	BEDTIME	WAKE TIME	TOTAL NIGHT	NAP TOTAL	QUALITY
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DATE	BEDTIME	WAKE TIME	TOTAL NIGHT	NAP TOTAL	QUALITY
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Notes & Observations