

INFANT FEEDING SCHEDULE

Parent's Name _____

Infant's Name _____ DOB ____/____/____

I feed my child:

_____ Breast milk

_____ Formula _____

(kind of formula)

_____ Other _____

(Please state)

About Time of Day	What type of food the eaten and how much Example 4 oz formula 2 TBSP rice cereal	Other comments

All Infants will be fed on demand. Infant formula will not be microwaved or propped.
All bottles/personal cups will be labeled with child's full name. No cereal will be added to a bottle unless otherwise noted by the child's doctor. Infants will be fed to comply with Child and Adult Care Food Program Infant meal pattern unless otherwise advised by a doctor.

For parents using formula please check the appropriate line

_____ I wish my provider to prepare formula for _____. They need to

(name of infant)

Mix _____ water with _____ formula.

(How Much)

(how much)

_____ I do not wish my provider to mix formula. I will provide a daily supply of
formula.

Additional information

(Parent's signature)

(Provider's signature)