



INFANT INFORMATION AND FEEDING SCHEDULE



Child's Full Name _____ Child's Date of Birth _____

I plan to nurse Yes ___ No ___ Approximate time(s) _____
 Does your child take a bottle? Yes ___ No ___
 Should the bottle be warmed? Yes ___ No ___
 Does your child hold their own bottle? Yes ___ No ___
 Can your child feed him/herself? Yes ___ No ___
 Does your child take a pacifier? Yes ___ No ___ When _____

Does your child eat

Strained Foods () Baby Foods () Cereal () Table Foods () Breast Milk () Formula ()
Whole Milk () Juice ()

Type of formula used _____ Amount given _____
Food/Bottles to be brought DAILY (quantity) _____

Food Likes _____
Food Dislikes _____

Allergies (include any premixed formula) _____

Note Parent/Guardian must bring (ready to feed) bottles containing premixed formula or breast milk. Bottles must be labeled with child's first AND last name and current date. Unused bottles will be sent home daily. We encourage parents to introduce new foods to the children at home first. Parents will provide all food, formula, diapers and wipes.

Child's Schedule (Approximate Time)	Type & Approximate Amount of Food
Breakfast _____ : _____	_____
Lunch _____ : _____	_____
Dinner _____ : _____	_____
Morning Nap _____ : _____	
Afternoon Nap _____ : _____	

Parent/Guardian Signature _____ Date _____

CHANGES IN SCHEDULE (Must be recorded as eating habits change and/or every 2 months)

FORMULA/MILK - Updated Changes to Amounts Given:

_____ Date _____ Signature _____
 _____ Date _____ Signature _____
 _____ Date _____ Signature _____

FOOD - Updated Changes to Amounts Given:

_____ Date _____ Signature _____
 _____ Date _____ Signature _____
 _____ Date _____ Signature _____

Special instructions: _____
