

Infant Feeding Schedule

Name of Child _____ Date _____

Date of Birth _____

Instructions

1. Food/Bottles Brought Daily (quantity):

2. Instructions for Feeding:

A. Bottles (breast milk, formula, milk, juice)

B. Food (baby food, cereal, table food)

3. I plan to nurse: (approximate time) _____

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk			
Baby Food			
Juice			
Cereal			
Table Food			

**Must be completed for all children less than 15 months old*