INFANT FEEDING SCHEDULE AND PARENT AGREEMENT

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s) Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My infant child drinks: [ ]Breast Milk [ ]Formula *If Applicable*: Name of Formula\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]Parent prepares formula [ ]Provider prepares formula

My infant child is fed: [ ]None [ ]Baby Food (Provided by Parent) [ ] Solid Foods *If Applicable*: Solid Foods are provided by [ ]Center [ ]Parent

All infants are fed when they demonstrate signs of hunger, however we recognize that some infants may have developed a schedule over time. Please provide a tentative schedule if applicable.

[ ] On Demand

[ ] \_\_\_\_\_ oz every \_\_\_\_\_\_\_ hours

[ ] Schedule below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Amount | Drinks | Amount | Food |
|  | oz |  [ ]Breast Milk [ ]Formula |  | [ ]Baby Food [ ] Solid Foods  |
|  | oz |  [ ]Breast Milk [ ]Formula |  | [ ]Baby Food [ ] Solid Foods  |
|  | oz |  [ ]Breast Milk [ ]Formula |  | [ ]Baby Food [ ] Solid Foods  |
|  | oz |  [ ]Breast Milk [ ]Formula |  | [ ]Baby Food [ ] Solid Foods  |
|  | oz |  [ ]Breast Milk [ ]Formula |  | [ ]Baby Food [ ] Solid Foods  |
|  | oz |  [ ]Breast Milk [ ]Formula |  | [ ]Baby Food [ ] Solid Foods  |
|  | oz |  [ ]Breast Milk [ ]Formula |  | [ ]Baby Food [ ] Solid Foods  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures on this document imply understanding of the following:

* Infants will be fed according to need rather than a prescribed parent schedule.
* Infants under 6 months old must be held during all bottle feedings as required by regulation.
* Microwave heating of infant formula/ breast milk is prohibited by regulation.

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED FOOD LIST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FRUITS** | **Date** | **Parent Initials** |  | **VEGETABLES** | **Date** | **Parent Initials** |
| Apple |  |  |  | Asparagus |  |  |
| Avocado |  |  |  | Broccoli |  |  |
| Apricots |  |  |  | Beans |  |  |
| Bananas |  |  |  | Beets |  |  |
| Blackberries |  |  |  | Brussel Sprouts |  |  |
| Blueberries |  |  |  | Butternut Squash |  |  |
| Cantaloupe |  |  |  | Carrots |  |  |
| Cherries |  |  |  | Cauliflower |  |  |
| Coconut |  |  |  | Corn |  |  |
| Cranberries |  |  |  | Cucumber |  |  |
| Figs |  |  |  | Eggplant |  |  |
| Grapes |  |  |  | Green Beans |  |  |
| Honeydew |  |  |  | Mushroom |  |  |
| Kiwi |  |  |  | Onions |  |  |
| Mango |  |  |  | Parsnips |  |  |
| Nectarines |  |  |  | Peas |  |  |
| Oranges |  |  |  | Peppers |  |  |
| Papaya |  |  |  | Potato (White) |  |  |
| Peaches |  |  |  | Sweet Potato |  |  |
| Pears |  |  |  | Spinach |  |  |
| Pineapple |  |  |  | Tomatoes |  |  |
| Plums |  |  |  | Turnip |  |  |
| Prunes |  |  |  | Zucchini |  |  |
| Pumpkin |  |  |  | **GRAINS** |  |  |
| Raspberries |  |  |  | Barley |  |  |
| Strawberries |  |  |  | Buckwheat/Kasha |  |  |
| Watermelon |  |  |  | Flax |  |  |
| **MEATS/PROTEINS** |  |  |  | Kamut |  |  |
| Beef |  |  |  | Millet |  |  |
| Chicken |  |  |  | Oatmeal |  |  |
| Eggs |  |  |  | Pasta |  |  |
| Fish |  |  |  | Quinoa |  |  |
| Pork |  |  |  | Rice |  |  |
| Shellfish |  |  |  | **DAIRY** |  |  |
| Tofu |  |  |  | Whole Cow Milk |  |  |
| Turkey |  |  |  | Cheese |  |  |
| **OTHER** |  |  |  | Cottage Cheese |  |  |
| Honey |  |  |  | Cream Cheese |  |  |
| Peanut Butter |  |  |  | Yogurt |  |  |