First Steps To Big Dreams Preschool

Infant Feeding & Care Instructions Form

Child Information

Child's First Name: _____

Child's Last Name: _____

Date of Birth: __ / _ / _

Gender: ☐ Male ☐ Female ☐ Other: _____

Allergies:

Child's Pediatrician/Doctor Name:

Doctor's Phone Number:

I. Feeding Method

(Check all that apply)

☐ Breastmilk
☐ Formula
☐ Combination (Breastmilk & Formula)
☐ Other: _____

II. Formula Feeding Instructions

(Complete if applicable)

Formula Brand:

Preparation Instructions:

Number of scoops per bottle: ____

Ounces of water per bottle: _____

Bottle Preparation:
☐ Serve heated
☐ Serve room temperature
☐ Serve cold
☐ Ready-to-feed formula (no mixing required)

Bottle Frequency & Timing:
(Example: every 3 hours, on demand, etc.)

Amount per Feeding: _____ ounces

III. Breastmilk Instructions

(Complete if applicable)

Milk Provided:
☐ Fresh daily
☐ Frozen
☐ Use oldest milk first

Serving Instructions:
☐ Serve heated
☐ Serve room temperature

Bottle Frequency & Timing:

Amount per Feeding (if known): _____ ounces

IV. Baby-Led Weaning (BLW)

Is your child approved to participate in baby-led weaning?

☐ Yes, my child is ready and may participate in baby-led weaning.
☐ No, my child is not participating in baby-led weaning at this time.

Approved Foods

(Check all that apply)

☐ Soft fruits (banana, avocado, peeled pears)
☐ Steamed vegetables (carrots, broccoli, sweet potato)
☐ Eggs (scrambled or boiled)
☐ Soft bread or toast strips
☐ Pasta
☐ Cheese (small, thin pieces)
☐ Other approved foods:

Foods to Avoid at This Time

(Check all that apply)

☐ Honey (under 12 months)
☐ Nuts or nut butters
☐ Cow’s milk as a primary drink
☐ Grapes unless properly cut
☐ Hard/raw vegetables
☐ Popcorn, chips, or crackers
☐ Processed meats
☐ Added sugar or salt
☐ Other choking hazards:

V. Typical Daily Feeding Schedule

Please list your child’s typical feeding routine:

Time	Feeding Type	Amount
___	____	___
___	____	___
___	____	___
___	____	___

Additional Notes:

VI. Parent Authorization

I certify that the feeding instructions provided above are accurate and current. I understand that it is my responsibility to notify **First Steps To Big Dreams Preschool** of any changes to my child's feeding routine, dietary needs, allergies, or restrictions.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: __ / _ / _

First Steps To Big Dreams Preschool
Infant Feeding & Care Instructions Form