

Willow Bend Learning Center

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TODDLER A: PARENT INSTRUCTION SHEET

Parents, please update this information on the 1st of every month, for infants up to 15 months.

This is not a daily sheet

Date: _____ For the month of: _____

Child's Name: _____ Date of Birth: _____

Feeding Schedule For Babies on Formula/Breast Milk AND Home+Center Meal combo

(Parents, please fill out ONLY if your child is on Stage 3 Meals. Do NOT fill if your child is on ALL table foods.)

- Up to the age of 15 months, your baby may eat a home/school meal combo.
- Milk/formula is given **at/after each meal**.
- Once your baby is on table foods, we will follow the school mealtimes and the school menu.
- Walking children cannot be given a bottle/cup **after 3:00 pm**.
- **After 15 months**, you must choose between Home or Center Meals as per our policy.
- **After 15 months**, the office must be notified if your child is on any **special meal or beverage**.
- **After 15 months**, all home lunches & lunch beverages must be left on the **hallway trolley**.
- **After 15 months**, only school juice/school water will be served.

My child _____ can eat/cannot eat _____ **Table Foods or School Menu**
My child is on: (check all that apply) () Formula. () Milk. () Bottle. () Sippy Cup.
In **addition to table foods**, my child is still on the following cereal and/or baby food:
Cereal: _____ **Baby Food:** _____
Allergic to/needs to avoid any food: _____

List any special instructions for Breakfast (8:00 am)	<u>Rcvd</u>
_____	_____
_____	_____
List any special instructions for Lunch (11:30 am)	
_____	_____
_____	_____
List any special instructions for PM Snack (2:45 pm)	
_____	_____
_____	_____

Child is comforted by Pacifier: Yes _____ No _____

I do not [] give permission to apply diaper rash creams provided by me, as needed.

(Permission is implied if not checked)

Special Notes/Concerns: _____

Parent Signature: _____

Teacher's Notes: _____