

Infant Feeding Plan

Child's Name:	DOB:	Age at Enrolment:
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Does your child currently consume: <input type="checkbox"/> Breastmilk <input type="checkbox"/> Formula <input type="checkbox"/> Solid foods Solid foods that have been introduced: Likes / Dislikes:	Feeding Method: <input type="checkbox"/> Breastfed <input type="checkbox"/> Bottle <input type="checkbox"/> Spoon <input type="checkbox"/> Cup Feeding Abilities: <input type="checkbox"/> By caregiver <input type="checkbox"/> Self feed fingers <input type="checkbox"/> Self feed spoon / fork Textures: <input type="checkbox"/> Pureed <input type="checkbox"/> Minced <input type="checkbox"/> Diced	Special Instructions: (breastmilk / formula storage and supply, allergies, religious/cultural requests, medical food requests, food from home)
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It will be our goal for your child to be eating foods from our regular menu by the age of 12 months (with the exception of any special instructions from you.) However, if any allergies or requests arise, alert us immediately and this plan will be altered and updated accordingly.

Parent's Signature

Directors Signature

Cook's Signature