

INFANT FEEDING SCHEDULE

Name of Child	Date	D.O.B.
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1. Food/ Bottles brought daily: (quantity)

2. Instructions for Feeding:

a. Bottles (formula, milk, juice)

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

Changes in Schedule			
Introduce	Date	New Instructions	Signature
Juice, Cereal, baby food, milk, table food.			

Breastmilk & Formula Preference: 0-11 Months	Date	Date	Date
I will bring expressed breastmilk for my infant.			
I will return to the center to breastfeed my infant on site.			
I want the center to provide formula for my infant.			
I will bring formula for my infant. Please list the type of formula you will bring, _____			

Solid Food Preference: 6-11 months	Date	Date
I want the center to provide solid foods for my infant based on CACFP guidelines		
I will provide some solid foods for my infant when he/she is developmentally ready.		
I will bring all solid foods for my infant when he/she is developmentally ready.		
Comments:		

Signature of Parent _____ Date _____

Extra Notes for feeding instructions

Meal	Time	Instructions
Breakfast		
Snack		
Lunch		
Snack		

Extra Notes

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Signature of Parent _____ Date _____