



## INFANT FEEDING PREFERENCE SHEET

Dear Parent:

In order to serve your infant's needs in a more individualized manner, we ask that you fill this form out and return it to the nursery every 30 days. Please be sure to see our infant menu to see when we serve certain items and at what age. We cannot provide your child with that item until they fall into that age range on our menu. Therefore, if you want your child to be served something different or something in addition to what we serve, please be sure to provide Parent's Choice with it.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please select one of the following:

- Breast milk
- Whole Milk Provided by Parent's Choice
- Parent's Choice's Provided Formula (Simply Right-Brand)
- Formula I Provide-Name: \_\_\_\_\_

Is the above selection warmed?      Yes      No

Type of Diet: Cereal \_\_\_\_\_ Meats \_\_\_\_\_  
Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_  
\_\_\_\_\_

Allergies: Food \_\_\_\_\_  
Skin \_\_\_\_\_  
Other \_\_\_\_\_  
Symptoms Produced \_\_\_\_\_

Skin Care: Ointment \_\_\_\_\_ applied:     as needed     other: \_\_\_\_\_  
Lotion: \_\_\_\_\_ applied:     as needed     other: \_\_\_\_\_

Does your baby use a pacifier? Yes      No

Do we have your permission to give your child a sponge bath in the event it is needed?

Yes      No

Other helpful information (Please include schedule for feeding, sleeping, etc.)

---

---

---

---

---

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date