

# Attention Infant Room Parents



Infant bottles labeled with  
Child's full First & Last name &  
Current date on Bottle & Top

**UNDER NO CIRCUMSTANCES ARE OUR EMPLOYEES  
PERMITTED TO ACCEPT OR SERVE BOTTLES THAT HAVE BEEN  
MISLABELED OR HOLD CEREAL, SYRUP, OR MEDICATION.**



# Brentwood Child Care

## The Foundation Of Knowledge

Child Name: \_\_\_\_\_

### I **Can Not** Roll Over

☐ I **Only Sleep** on My Back

☐ I **Can Not** Roll Over Alone

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Parent Signature)

**\*Teachers Will Still Lay All Children On Their Backs**

### I **Can** Roll Over

☐ I **Only Sleep** on My Back

☐ I **Can** Roll Over Alone Since \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Parent Signature)

# Infant Feeding Schedule

Name Of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

## Instructions:

1. The number of Food/Bottles Brought Daily: \_\_\_\_\_

2. Instructions for Feeding:

A. Bottles (Breast Milk, Formula, Milk, or Juice)

B. Food (Baby Food, Cereal, or Table Food)

3. I plan to Nurse \_\_ times a day listed below:

\_\_\_\_\_  
(Approximate Times)

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

## Changes in Schedule

(Must Be Recorded As Eating Habits Change)

**Food:**      **Date To Introduce:**      **New Instructions:**      **Parent or Staff Signature:**

Milk

Baby Food

Juice

Cereal

Table Food

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- All Children 15 Months Old And Under MUST Have A Infant Feeding Schedule