

Infant Feeding Schedule

Name of Child _____ Date _____

Date of Birth _____

General Instructions

1. Food/ Bottles Brought Daily: (quantity)
2. Instructions for Feeding:
 - A. Bottles (formulas, milk, juice)
 - B. Food (cereal, baby food, table food)

Parent's Signature

Changes in Schedule (Must be recorded as eating habits change)

| Introduce: | Date | New Instructions | Parent or Staff Signature |
|------------|------|------------------|---------------------------|
| Juice | | | |
| Cereal | | | |
| Baby Food | | | |
| Milk | | | |
| Table Food | | | |

*Must be completed for all children less than 15 months old

*Must be posted