

Infant Information and Feeding Schedule

	Child's Date of Birth	
plan to nurse	Yes No Approximate time(s)	
Does your child take a bottle?	Yes No	
Should the bottle be warmed?	Yes No	
Does your child hold their own bottle?	Yes No	
Can your child feed him/herself?	Yes No	
Does your child take a pacifier?	Yes No When	
Does your child eat		
Strained Foods() Baby Foods() Cere Whole Milk () Juice ()	eal() Table Foods() Breast Milk() Formula	()
Type of formula used	Amount given	
ood/Bottles to be brought DAILY (quantity)	Amount given	
ood Likes		
ood Dislikes		
Allergies (include any premixed formula)		
mergies (merade arry premixed formala)		
	ed) bottles containing premixed formula or breast milk. Bo	tles must
oe laheled with child's first AND last name and	current date. Unused bottles will be sent home daily. We	
re labeled with tilla 3 jiist AND last halle and	carrent date. Orlased bottles will be sent norme daily. We	
	he children at home first. Parents will provide all food, forn	nula,
		nula,
encourage parents to introduce new foods to the liapers and wipes.	he children at home first. Parents will provide all food, forn	nula,
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cncourage parents to introduce new foods to the diapers and wipes. Child's Schedule (Approximate Time) Breakfast: Lunch:_ Dinner:_ Morning Nap:	he children at home first. Parents will provide all food, forn Type & Approximate Amount of Food	
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changes in schedule (Must be re	Type & Approximate Amount of Food Type & Approximate Amount of Food Date ecorded as eating habits change and/or every 2 months) ts Given: Date Signature	
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