

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive.

Child's name: _____ Birthday: _____

Parent/Guardian's name(s): _____ Phone: _____

TO BE COMPLETED BY PARENT

Bottle Feeding: Please remember to mark bottles and caps with child's name, date, and contents.

of bottles: _____ Ounces in each: _____ How Often: _____

Circle one: Formula / Breast Milk / Mixed

Circle your preference for feedings : Do wake up / Do not wake up

If my child refuses a bottle (and Sanitation does not allow it to continue to be served):

Call me / Try again in 1-1.5 hour(s) / Continue with other feedings / **Other:** _____

Milk in sippy cup for meal times: School Milk (whole) as of _____.

Table Food	Date Allowed	Parent/Guardian Signature

Restrictions/Allergies:

Parent Signature: _____ Date _____