

Infant Feeding Schedule

Name of Child: _____ Date _____
Date of Birth: _____

General Instructions

1. Food/Bottles Brought Daily: (quantity)

2. Instructions for Feeding:
 - A. Bottles (milk, formula, juice, water)

 - B. Food (cereal, baby food, table food)

Parent 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 and posted in room.