

# 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)

<b>Introduce:</b>	<b>Date</b>	<b>New instructions</b>	<b>Parent or Staff Signature</b>
<b>Juice</b>			
<b>Cereal</b>			
<b>Baby Food</b>			
<b>Milk</b>			
<b>Table</b>			
<b>Food</b>			

Must be completed for all children less than 15 months old and posted in room.