

# Infant Feeding Schedule

A. Name of Child \_\_\_\_\_ Today's Date \_\_\_\_\_

B. Date of Birth \_\_\_\_\_

## General Instructions

1. Bottles/Food/ Brought Today:  Formula \_\_\_\_\_  Milk \_\_\_\_\_  Juice \_\_\_\_\_  
(Quantity)  Food(s) \_\_\_\_\_

2. Instructions for Feeding:

A. Bottle(s)  Formula \_\_\_\_\_

B.  Milk \_\_\_\_\_

C.  Juice \_\_\_\_\_

D. Food(s)  Cereal \_\_\_\_\_

Baby Food \_\_\_\_\_

Table/Finger Foods \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

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

Introduce:	Date	New Instructions	Parent or Staff Signature
Juice			
Cereal			
Baby Foods			
Milk			
Table Foods			
Finger Foods			

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