Infant Feeding Schedule

Name of child_____ Date _____

Date of birth_____

General Instructions:

1. Food/Bottles brought daily (quantity):

2. Instructions for feeding:
   A. Bottles (formula, milk, juice):

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

_____
Parent Signature

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

Introduce:	Date	New instructions
Juice		
Cereal		
Baby Food		
Milk		
Table food		

*Must be completed for all children under 15 months old
*Must be posted in the classroom