

Infant Feeding Schedule

Name of Child		Γ	Oate	
Date of Birth				
General Instruc	tions			
1. Food/Bottles Brought D	Paily: (quantity)			
2. Instructions for Feeding	;:			
A. Bottles (formul	a, milk, juice)			
B. Food (cereal, b	paby food, table food	1)		
		Parent Signature		
	ule (Must be record			
Changes in Sched	tare (what be recon	ded as eating habits change)	Parent or Staff	

^{*}Must be completed for all children less than 15 months old