

# 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	Parent/Staff signature
Juice	_____	_____	_____
Cereal	_____	_____	_____
Baby Food	_____	_____	_____
Formula	_____	_____	_____
Table Food	_____	_____	_____

Must be completed for all children less than 15 months of age.  
Must be posted.