

Infant Feeding Schedule

This form should be completed if the child is age eighteen months or younger

Child's

Name: _____ Date: _____

Date of Birth: _____

General Instructions:

1. Food / Bottles brought in daily

Food or bottle	Contents	Amount	Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Instructions for Feeding

Food or Bottle	Contents	Amount	Time	Notes
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Introduce	Date	New Instructions	Parent or Staff Signature
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Juice _____

Cereal _____

Baby Food _____

Milk _____

Table Food _____

Other _____

Schedule must be completed and posted for all children under 15 months old

