

## Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive.

Child's name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
m m / d d / y y y y

Parent/Guardian's name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

### **TO BE COMPLETED BY PARENT**

Bottle Feeding: Please remember to mark bottles and caps with child's name, date, and contents.

# of bottles: \_\_\_\_\_ Ounces in each: \_\_\_\_\_ How Often: \_\_\_\_\_

Circle one: Formula / Breast Milk / Mixed

Circle your preference for feedings : Do wake up / Do not wake up

Milk in sippy cup for meal times: School Milk (whole) as of \_\_\_\_\_.

Table Food	Date Allowed	Parent/Guardian Signature

Restrictions/Allergies:

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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