**Infant/Child’s Feeding Schedule**

Name of Child Care Provider: Margaret Whittington

Name of Infant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any/all that apply:

\_\_\_\_\_Breast Milk

\_\_\_\_\_Formula (Name of Infant Formula) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Solid Foods

Please list any food allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like my infant child fed according to the following schedule:**

Please feed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a/n \_\_\_\_\_oz bottle/cup at \_\_\_\_\_\_\_\_(time) am/pm

Please spoon feed, \_\_\_\_\_\_\_\_\_\_\_\_(amount) of food provided at \_\_\_\_\_\_\_\_(time) am/pm

Please give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(amount) of the snack provided at \_\_\_\_\_\_(time) am/pm

Please feed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a/n \_\_\_\_\_oz bottle/cup at \_\_\_\_\_\_\_\_(time) am/pm

Please spoon feed, \_\_\_\_\_\_\_\_\_\_\_\_(amount) of food provided at \_\_\_\_\_\_\_\_(time) am/pm

Please give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(amount) of the snack provided at \_\_\_\_\_\_(time) am/pm

Please feed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a/n \_\_\_\_\_oz bottle/cup at \_\_\_\_\_\_\_\_(time) am/pm

Please spoon feed, \_\_\_\_\_\_\_\_\_\_\_\_(amount) of food provided at \_\_\_\_\_\_\_\_(time) am/pm

Please give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(amount) of the snack provided at \_\_\_\_\_\_(time) am/pm

Please feed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a/n \_\_\_\_\_oz bottle/cup at \_\_\_\_\_\_\_\_(time) am/pm

Please spoon feed, \_\_\_\_\_\_\_\_\_\_\_\_(amount) of food provided at \_\_\_\_\_\_\_\_(time) am/pm

Please give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(amount) of the snack provided at \_\_\_\_\_\_(time) am/pm

**Infant Feeding Schedule and Parent Agreement**

All bottles, cups and utensils must be labeled with child's full name. Powered formula, ready to fee milk, juice and breast milk must be pre-measured and labeled with the child's first and last name and expiration date.

\_\_\_\_\_\_\_\_ Parent Prepares Formula \_\_\_\_\_Provider Prepares Formula

Please choose one of the following options for your infant:

\_\_\_\_\_ I will provide all formula, solid food, water and juice for my infant.

\_\_\_\_\_ I will accept the provider's offer to supply meal components for my infant child.

**++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++**

Please initial:

I, \_\_\_\_\_ give the provider permission to add warm sterilized water to powered formula.

I, \_\_\_\_\_ give the provider permission to warm milk in a bottle warmer.

I, \_\_\_\_\_ give the provider permission to warm solid food.

* Children 6 months of age and under must be held during all bottle feedings.
* Microwave heating of infant food and formula is prohibited by regulation.
* the child care provider will make every effort to accommodate the needs of a child who is breast fed.

Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_