

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 or Staff
Signature**

Juice

Cereal

Baby Food

Milk

Table Food

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