



Opening Minds, Opening Opportunities...

# 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)

Parent or Staff

Introduce:	Date	New Instructions	Signature
Juice			
Cereal			
Baby Food			
Milk			
Table Food			

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

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