



## Infant Feeding Plan

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Type of Formula or Milk: \_\_\_\_\_

**Feeding Schedules**  
(Times and amounts)

**Solid Foods:**  
(Times and amounts)

**Food Allergies:**

**Comments:**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## Infant Feeding Schedule and Parent Agreement

Is your child breast or formula fed? \_\_\_\_\_ If formula fed, what kind? \_\_\_\_\_

Does your child take a bottle? **Yes** **No** Is it warmed? **Yes** **No**

How often does your child need bottle fed? \_\_\_\_\_

Does your child hold his/her own bottle? **Yes** **No**  
(Infants 6 months of age or younger will be held while being bottle fed)

Does your child eat baby food? **Yes** **No**

If yes, what types of baby food are we permitted to serve to your child?

\_\_\_\_\_

May your child have snacks? (Cheerios, crackers, puffs, juice) **Yes** **No**

What may your child **NOT** have?

\_\_\_\_\_

Can your child feed him/herself? **Yes** **No**

If yes, does your child currently use (Circle all that apply):

Hands      Sippy cup      Regular cup      Spoon      Fork      Bowl

- All bottles shall be prepared at home and **CLEARLY LABELED** with the child's name before being brought to the child care.
- Formula and milk left in a bottle at the end of a feeding will be discarded.
- Bottles are warmed in hot water.
- We will place the amount of food to be fed in a bowl and the rest will be stored later for feeding or returned to the parent.
- All bottles must be taken home each night, cleaned, and returned prepared the next day.
- Mothers may visit the child care at any time to nurse their children.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date