

# 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
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Juice: \_\_\_\_\_

Cereal: \_\_\_\_\_

Baby Food: \_\_\_\_\_

Milk: \_\_\_\_\_

Table Food: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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