



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

*Must be posted