



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
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Juice

Cereal

Baby Food

Milk

Table Food

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

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