## **Infant Feeding Schedule**

Name of Child	Date
Date of Birth	_
Instructions	
Food/Bottles Brought Daily (quantity):	
2. Instructions for Feeding:	
A. Bottles (breast milk, formula, milk, juice)	
B. Food (baby food, cereal, table food)	
3. I plan to nurse: (approximate time) $\Box$	
bod/Bottles Brought Daily (quantity): Structions for Feeding:  A. Bottles (breast milk, formula, milk, juice)  B. Food (baby food, cereal, table food)	
Changes in Schedule (Must be recorded as eating habits change)	
	Parent or Staff

Food:		New Instructions:	Parent or Staff
	Date to Introduce:		Signature:
Лilk			
aby Food			
luice			
Cereal			
Table Food			

<sup>\*</sup>Must be completed for all children less than 15 months old