

INFANT FEEDING SCHEDULE (BIRTH-1 YEAR OLD)

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| CHILD’S NAME: DATE OF BIRTH: CENTER/CLASSROOM: |
| DateDay/Month/Year | Formula/Breastmilk/Cereal/Baby Foods  | Amounts | Frequency |
|  |  |  |  |
|  | Parent Signature: Date: |
| UPDATES: |
| DateDay/Month/Year | Formula/Breastmilk/Cereal/Baby Foods  | Amounts | Frequency |
|  |  |  |  |
|  | Parent Signature: Date: |
| DateDay/Month/Year | Formula/Breastmilk/Cereal/Baby Foods | Amounts | Frequency |
|  |  |  |  |

 Parent Signature: Date:

Please check-in with families regularly for any updates. Update must be signed and dated by the child’s parent. Once the child transitions to table food, please communicate with kitchen staff. After the child turns one year old, please file in the child’s folder.