

Little Peoples-Childcare LLC

Infant Feeding Schedule – under 12 months

I will provide breastmilk or the formula listed below to the staff to use for feeding my child while attending child care.

Please list brand/type of formula or list breast milk or combination that you will be providing and you would like us to use when feeding your child. Also list if you prefer to supply water to mix formula (if sending powder) or would like us to use tap water. Please be sure to label with your child's name any supplies left at child care and any bottle that is brought here.

Breast milk Y / N

Mix with tap water Y / N

Or list Brand of Formula _____ mix with parent provided bottled water Y / N

My Baby prefers the bottle served (please circle one) Room Temp Warmed Chilled

My child typically eats according to the schedule I listed below. Please attempt to feed my child every _____ hrs.

_____ Please initial if you prefer we feed your child on demand. (When they seem hungry)

At home my child typically eats every _____ hours and they normally eat _____ ounces at each feeding.

Signature

Date

TO BE FILLED OUT AT A LATER TIME

Please increase my child to _____ ounces at this time _____ date _____ initial

Please increase my child to _____ ounces at this time _____ date _____ initial

Please begin feeding baby food that I have supplied at this time _____ date _____ initial

Please begin feeding table food to my child _____ date _____ initial