

Kids And Company - Infant Feeding Plan

(Must be completed for all children less than 15 months old)

Date _____

Child's Name _____ Birthdate _____

Does the child take a bottle? _____	Is the bottle warmed? _____
Does the child hold own bottle? _____	Can the child feed self? _____
Does the child take a pacifier? _____	When? _____
Please list food that the child likes _____	
Please list food that the child dislikes _____	
Please list any allergies _____	

Child's Current Foods Include:

Write yes or no by type of food child eats?

_____ Strained foods _____ Baby Food _____ Table Foods

Child drinks? _____ Whole Milk _____ Formula?

If yes please list type/amount of formula _____

Child is feed a bottle every _____ hours

Child's Current Schedule:

Approximate Time

Type and Approximate Amounts

Breakfast _____

Lunch _____

Dinner _____

Does child take a nap in the morning? _____ If so how long? _____

Does child take a nap in the afternoon? _____ If so how long? _____

Parent's Signature _____

Changes to Schedule (Must be recorded as eating habits change)

Food	Date Introduced	New Instructions	Parent or Staff Signature
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Milk

Baby Food

Juice

Cereal

Table Food

Please list any additional information:
