



INFANT FEEDING PLAN

Child Name: _____ Date: _____ Birth Date: _____

	Yes	No		Yes	No
Is the bottle warmed?	_____	_____	Does your child eat:		
Does child hold bottle?	_____	_____	Strained Foods	_____	_____
Can child feed self?	_____	_____	Baby Foods	_____	_____
Does child takes pacifier?	_____	_____	Formula	_____	_____
Do you wake child to feed?	_____	_____	Whole Milk	_____	_____
Does child take formula or or breast milk?	_____	_____	Table Foods	_____	_____
			Juice	_____	_____
			Other _____	_____	_____

Bottles must be premixed, labeled, dated and ready to be served.

What type of formula used: _____ Date: _____
 Amount of formula to be given: _____ Date: _____
 How often are the bottles: _____ Date: _____

Updated amounts of formula: _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Food Likes: _____ Food Dislikes: _____

Allergies: _____
 If any medicines, creams, ointments, or lotions are needed, a medication form will be necessary.

Primary Prep Academy follows the recommendations of the SIDS Alliance sleeping practices for infants.

Instructions for introducing solid foods: _____

Child's Schedule	Approximate Time	Types and Approximate Amounts of Food
Breakfast		
Lunch		
Dinner		
Morning Nap		
Afternoon Nap		

Additional Instructions: _____

I understand it is my responsibility to keep Primary Prep Academy updated, in writing, as my child's needs change.

Please review/update every 30 days if any of the above information changes.

 Parent's Signature

 Date