

**FEEDING INSTRUCTIONS**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age in Months: \_\_\_\_\_\_\_\_\_\_\_

Formula Type:\_\_\_\_\_\_\_\_\_\_\_\_\_

Breastmilk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many ounces does your baby take at each feeding?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your baby eat fruits/veggies/cereal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, what age do you plan on introducing these foods to your baby? \_\_\_\_\_

Once your child starts on table food, please let us know in the front and we will give you a menu of our daily breakfast/lunch/snack meals that are provided, prepared on site by our cook and included in your tuition.

*When your baby changes anything in his/her feeding instructions, please notify the caregivers immediately and fill out new form.*

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**THIS FORM IS PROVIDED BY THE STATE LICENSING DEPARTMENT AND MUST BE COMPLETED MONTHLY WITHOUT EXCEPTION*