Infant Feeding Schedule and Parent Agreement

This form must be filled out every 30 days.

Please make sure all bottles, sippy cups, and feeding utensils are labeled with your child's name.

Childs Name: _____ Age:_____ Week of: _____

Bottle Feeding

My child eats [] formula [] breast milk [] mix

- Name of Formula _____ My child eats every _____hrs.

My child eats _____ oz at each feeding.
_____ oz formula / _____ oz breast milk

Baby Foods

My child eats - Jar Food / Baby Snacks / Premade meals

- How often _____ (hrs)

Parents agree to:

1. *Send the appropriate number of premade bottles each day*
2. *If child is breastfed - parents will make sure to send extra breast milk each day.*
3. *If child is formula fed parents must keep a small spare can of formula at the provider's house.*
4. *If child is eating baby food parents will send the appropriate number of jars each day.*
5. *If child is eating baby snacks - parents will send a supply to keep at the providers home.*
6. *If child is eating pre-made baby meals - parents will send the appropriate number of meals each day or will keep a supply at the providers home.*

Any special instructions for the provider:

_____

_____

_____ _____

Parents Signature Date