



Infant Monthly Feeding Instruction

This form is to be filled out monthly, signed, and returned in to your child's teacher. If there are no changes, you can check no changes then sign and date below.

Eating Routine:

Please note: Parents of infants are solely responsible for providing all snacks and meals. Please fill in the type of food and check when you would like it to be offered.

Type of food	Breakfast (6:30-9:00)	Lunch (11:00-12:00)	AM Snack	PM Snack

Bottle /Cup Routine:

Type of drink	Amount	Bottle or Cup	Warm (Circle one)	Time(s) to be given	Brand Name (If applicable)

I have reviewed _____'s feeding instructions and made the appropriate changes.
(Child's first and last name)

Parent Signature

Date

There are no changes this month.