



Monthly Feeding Instructions for Infants

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

CHILD'S NAME: _____

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	Lunch	AM Snack	PM Snack

Allergies (please list)

Special Diet (please list)

Bottle/Cup Routine

Type of Drink	Amount	Bottle or Cup (Bot/Cup)	Time(s) to be given	Brand Name (if applicable)
Formula				
Breast Milk				
Juice				
Milk				

I have reviewed and/or changed my child's feeding instructions for the month.

Parent Signature

Date

There are no changes this month. _____
Parent Signature
Date