

Child's name: _____

Birthday: _____
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Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency	Approximate Amount	Will you bring from home?	Details about Feedings
Mothers Milk				
Formula				
Cows Milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse my baby at the following time(s): _____

My usual pick-up time will be: _____

If your baby is crying or seems hungry shortly before you arrive, which of the following should we do? You may choose more than one.

___ hold your baby ___ use the teething toy you provide ___ use the pacifier you provide

___ rock your baby ___ give a bottle of your expressed milk

___ other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

We have discussed the above plan, and made any needed changes or clarifications

Today's date: _____

Teacher Signature: _____

Parent Signature : _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to the Feeding Plan : Must be recorded as feeding habits change	Parent Initials	Teacher Initials