

Infant Feeding Schedule and Parent Agreement

This form must be filled out on a weekly basis. Please make sure to return to provider each Monday. Please make sure are 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 _____ hours.

My child eats _____ oz at each feeding.

- _____ oz formula / _____ oz breast milk

Baby Foods

My child eats - Jar Food / Baby Snacks / Pre made meals

- How often _____ (hrs)

Parents agree to:

1. *Send the appropriate amount 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. Most pediatricians will supply you with a sample can for free.*
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.*

Parents Signature

Date