

## 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