



Candy Cane's Daycare

INFANT FEEDING PLAN

Child's name: _____ Birth Date: _____

Type of Formula: _____ Amt. Given _____ How often: _____

Type of Juice: _____ Amt. Given _____ How often: _____

OFFICE USE ONLY

Does your child take a bottle? Yes No

Is Bottle warmed? Yes No

Does child hold own bottle? Yes No

Does child require certain bottle type? Yes No

Does child eat.....

Table Food → Meat Vegetable Fruit

Baby Food → Meat Vegetable Fruit

Baby Cereal → RICE OATMEAL MIXED

Food Likes: _____

Food Dislikes: _____

Any Food Allergies? Yes No

Explain: _____

Child's Schedule:

Breakfast: Amt. of Food _____ Bottle Amt./Type _____

Lunch: Amt. of Food _____ Bottle Amt./Type _____

Snack: Amt. of Food _____ Bottle Amt./Type _____

► **Does child take a PACIFIER?** Y N

Signature

Relation to Child

Date