



KIDS R KIDS – THE ACADEMY AT BLAKENEY

PRIVATE PRESCHOOL / KINDERGARTEN / ELEMENTARY SCHOOL ENRICHMENT

INFANT FEEDING SCHEDULE

Child's Name _____ Date of Birth _____ Date _____

Circle one: **Breast Milk** **Formula**

If formula, please indicate brand/type: _____

General Instructions

Food/Bottles Brought Daily: (include quantity)

Instructions for Feeding Bottles (formula, milk, juice)

Instructions for Feeding Food (cereal, baby food, table food)

Parent Signature & Date

Record of Parent Monthly Update

(Circle one below to indicate feeding schedule changes with signature of parent and date)

Feeding Schedule: Change / Same Signature of Parent _____ Date _____

Feeding Schedule: Change / Same Signature of Parent _____ Date _____

Changes in Schedule (Must be recorded as eating habits change)

Introduce:	Date	New Instructions	Parent Signature & Date
Juice:	_____	_____	_____
Cereal:	_____	_____	_____
Baby Food:	_____	_____	_____
Milk:	_____	_____	_____
Finger Foods:	_____	_____	_____
Table Food:	_____	_____	_____

Form must be completed for all children less than 15 months old and updated monthly. This form expires at 3 months.