

Infant Daily Feeding Schedule

Child's 1	Name: _											
D (
Address	s:											
Phone:												
Child's E	<u> Birthday:</u>											
		k Ho	w often d	loes your	child drir	hild Prefe nk a bottle child drinl	?			om temp,	or Hot	
	or does y	our child d	rink?									
How ofter	can your	child have	e juice?									
How mucl	h does you	ır child dri	nk?									
Food What kind	l of food de	oes your c	hild eat?	Solid	d or	Baby food						
What kind	l of solids	or baby fo	od does y	our child e	at?							
How ofter	does you	r child eat	solids or l	baby food	?							
How mucl	h Solids or	baby foo	d does you	ır child ea	t?							
Are there	any specia	al instructi	ons we sh	ould know	before fe	eding you	child soli	ds or baby	food?			
Sleepir What is yo		sleeping \$	Schedule:									
Does you	r child take	a pacifie	r? `	Yes or No								
What brar	nd of diape	ers does y	our child w	vear?					_			
What bran	nd of wipe:	s does you	ur child us	e?					_			
What bran	nd of diape	er rash cre	am does y	our child	use?				_			
Is there a	ny other in	formation	you think	we need to	o know ab	out your c	hild?					
Parents	Signatu	re X					Date_					
Date												
Initials												