





## **Infant Daily Feeding Schedule**

<u> Child's Name: _</u>												
Date:												
Address:												
Phone:												
Child's Birthday												
Formula Check One:												
□ Bottle □ Breast mi	lk H	ow often d	loes your	child dri	child Prefe nk a bottle child drin	e?		Cold, Ro	om temp,	, or Hot		
<u>Juice</u>		,		, , ,				<del></del>				
What Flavor does y	our child o	drink?										
How often can your	child hav	e juice?										
How much does yo	ur child dr	ink?										
<b>Food</b> What kind of food d	000 000	abild oat?	Solid	d or	Pahy food							
vviiat kiilu oi 1000 u	oes your	Siliu eat?	30110	u OI	Бару 1000							
What kind of solids	or baby fo	ood does y	our child e	eat?								
How often does you	ır child ea	t solids or	baby food	?								
How much Solids o	r baby foc	d does yo	ur child ea	t?								
Are there any speci	al instruct	ions we sh	ould know	v before fe	eding you	r child soli	ds or bab	y food?				
<u>Sleeping</u>												
What is your child's	sleeping	Schedule:										
Does your child tak	e a pacifie	er?	Yes or No									
What brand of diapo	ers does y	our child v	vear?									
What brand of wipe	s does yo	ur child us	e?									
What brand of diapo	er rash cre	eam does	your child	use?				_				
Is there any other ir	formation	you think	we need t	o know ab	oout your c	hild?						
Parents Signatu	re <b>X</b>					Date_						
Date											T	7
1 . 141 . 1 .										1		4
Initials												