

PRIMARY PREP ACADEMY

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www.primaryprepacademy.com

INFANT FEEDING PLAN

Child's Name _____ Date _____

Birth date _____

Does the child take a bottle? Yes _____ No _____
Is the bottle warmed? Yes _____ No _____
Does the child hold own bottle? Yes _____ No _____
Can the child feed self? Yes _____ No _____

Does the child eat:
Baby Foods Yes _____ No _____
Formula Yes _____ No _____
Whole Milk Yes _____ No _____
Table Foods Yes _____ No _____
Other _____

What type formula used? _____
Amount of formula to be given _____

Updated amounts of formula _____ Date _____
_____ Date _____
_____ Date _____

Does the child take a pacifier? Yes _____ No _____ When _____
Morning Nap _____ Afternoon Nap _____
Approximate Time Approximate Time

Allergies (including any premixed formula) _____

Food likes _____ Food dislikes _____

Child's Schedule

Breakfast _____ Approximate Time	_____ Types and approximate amounts of food
Snack _____ Approximate Time	_____ Types and approximate amounts of food
Lunch _____ Approximate Time	_____ Types and approximate amounts of food
Snack _____	_____

Any updated instructions regarding adding new foods or other dietary changes, please list as needed:

Parent/Guardian Signature _____