



Thank You For Choosing **Loving Arms FCC Learning Home** An Equal-Opportunity Educator

Last Revised 04/13/2017



INFANT FEEDING PLAN **Newborn to 11mo only**

Child's Name: _____ Birthday: ___/___/___ Age: _____ Nickname: _____

•My child is currently () breast fed. () bottle. I currently use () breast milk () _____ formula () _____ Milk

•Does your child hold own bottle? () yes () no is the bottle warmed? () yes () no

•Known Formula Allergies? _____

*****Loving Arms staff cannot mix powdered baby formula. All bottles must be pre-made. All bottles and caps must be labeled with child's name or initials. If Loving Arms is to provide formula, Wal-mart's parent choice will be served.

•Formula up-dates should be made with each time oz per feeding has changed.

Date: _____ Current Amount: _____ New Amount: _____

Date: _____ Current Amount: _____ New Amount: _____

Date: _____ Current Amount: _____ New Amount: _____

Date: _____ Current Amount: _____ New Amount: _____

•Can Your Child eat?

() Strained Foods () Baby Foods () Table Foods () Others: _____

Instructions for introduction of solids _____

•Known Food Allergies? _____

•Food Likes? _____

•Food Dislikes? _____

Breakfast time: _____ Food/ Bottle & amounts _____

AM Snack time: _____ Food/ Bottle & amounts _____

Lunch time: _____ Food/ Bottle & amounts _____

AM Snack time: _____ Food/ Bottle & amounts _____

Supper time: _____ Food/ Bottle & amounts _____

Yes we know they when sleep on their on time but what is normal for them? Morning Nap: _____ Afternoon Nap: _____

X _____

Parent Signature Date

X _____

Parent Signature Date

X _____
Licensed/ Registered Early Childhood Educator (Shawn Brown, CDA) Date

X _____
Informal Early Childhood Educator (Dericka Edwards, CDA) Date

