

Little Playhouse Infant Feeding

Name of Infant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Arrival time? \_\_\_\_\_ Dismissal time? \_\_\_\_\_

Allergies? \_\_\_\_\_

I will give your baby \_\_\_\_\_ (name of Formula) and solid food provided by The family.

FORMULA	FOOD
<p>_____ The provider can prepare infant formula for my child.</p> <p>_____ I will provide breast milk for my infant. If necessary, provider can use formula.</p>	<p>_____ The provider can feed my infant with solid foods .</p> <p>_____ I will bring solid foods for my infant.</p>

How many ounces does your child drink? \_\_\_\_\_ How often? \_\_\_\_\_  
 What time should we bottle feed? \_\_\_\_\_

My child is eating solid foods \_\_\_\_\_ How often? \_\_\_\_\_ How Much? \_\_\_\_\_  
 What time should we serve solid food? \_\_\_\_\_

Can your child Feed Themselves? \_\_\_\_\_

My child can use a Bottle? \_\_\_\_\_ Cup? \_\_\_\_\_ Fork? \_\_\_\_\_ Spoon \_\_\_\_\_

My child wears a bib \_\_\_\_\_

Special Instructions \_\_\_\_\_

I want my infant to be fed according to the following schedule (please check one):

- On Demand
- As Requested

Signatures on this document imply that both parties understand:

- ✓ Children 6 months of age and under must be held during all bottle feedings (417.12(m)).
- ✓ Microwave heating of infant food and formula is prohibited by regulation (417.12(k)(2)).
- ✓ The Child Care Provider must make every effort to accommodate the needs of a child who is breast-fed (417.12(l)).

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_