MONTHLY INFANT/TODDLER FEEDING PLAN

The Mustard Seed
Early Learning Center

Child's Name _____Date_____

Date of Birth _____ Age _____

BOTTLE/CUP ROUTINE Circle one: Breast Milk Formula Juice

Circle one: Bottle Cup (provided by center) Circle one: Warmed Room Temperature

Brand _____ Amount _____

Time of day or length of time between feedings _____

Other Information _____

_____

EATING ROUTINE Food allergies _____

Cereal: Time _____ Preparation Instructions _____

Solid/Jar Food: Time _____ Preparation Instructions _____

Snacks: __ Cheerios (provided by center) __ Puffs __ Other _____

__ Drinking whole, soy, or lactose free milk __ Eating partial menu (attach highlighted menu)

__ Following complete school menu (No further feeding plans required)

SLEEPING ROUTINE *All infants will be placed to sleep on their backs. A pacifier is the only object allowed in a crib.*

Pre-Nap Rituals _____

Waking Routine _____

Frequency of naps _____How many naps daily _____ Length of naps _____

COMFORTING YOUR CHILD

Pacifier ___ Security object __ Does it have a special name?_____

DIAPER CHANGING INFORMATION

__ Ointment at every diaper change __ Ointment only when needed (red)

PARENT SIGNATURE _____ **Date** _____

NO CHANGES _____ **DATE** _____ **PARENT'S INITIAL** _____

OTHER INFORMATION PROVIDED ON BACK OF FORM ____