

Month

Infant Feeding Plan

For children ages 6 weeks - 12 months

Child's Name:		Birthday:
 Disposable Num the child's full na 	e pre-mixed, labeled with chil rser Bags must be refrigerated ame and date of collection.	ld's full name, current day's date and ready to be served. dd or frozen, stored only with the amount of milk for one feeding, labeled with ry 30 days. Use a new form or initial/date changes on this form
Does child feed self? Child's diet includes (che Formula Breast milk Whole milk Water Food Likes:	Yes No eck all that apply): Juice Baby foods Strained foods Table foods	Formula type: Bottle's Formula Amount: Breast Milk Storage: Bottles Disposable Nursing Bags Bottle's Breast Milk Amount: Bag's Breast Milk Amount:
- Food Dislikes:		
Allergies:		
Restrictions:		
Feeding	Time of Day	Type and Approximate Amount of Food

Additional Instructions (i.e. for the introduction of solid foods, dietary changes):

I understand it is my responsibility to keep Kids 'R' Kids of ______ updated, in writing, as my child's needs change or **every 30 days**, and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding and that bottle are discarded within an hour after warmed.