

# Infant Feeding Schedule

The State of Nebraska requires a signature with each stage of your child's eating development. Your signature gives Sacred Heart Daycare and Learning Center permission to accurately serve your child's dietary needs.

Child's Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Breastmilk** or **Formula** (if formula) What Kind is Used: \_\_\_\_\_

How much? \_\_\_\_\_ How often do you want us to feed? \_\_\_\_\_

Parent Permission: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*A 4 month infants can be served Baby Cereal

Circle your choice of cereal: **Rice** **Oatmeal**

**Breastmilk** or **Formula** How much? \_\_\_\_\_ How often? \_\_\_\_\_

Parents permission \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*At 4 mo. Your Infant can be introduced to fruits and vegetables. Please add to this list the foods you introduce so we can also feed them to your child.

\_\_\_\_\_  
\_\_\_\_\_

Parent Permission \_\_\_\_\_ Date: \_\_\_\_\_

**Breastmilk** or **Formula** How much? \_\_\_\_\_ How often? \_\_\_\_\_

\*\*\*My Infant has been introduced to the following snacks:

\_\_\_\_\_  
\_\_\_\_\_

Parent Permission: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*I give Sacred Heart Daycare and Learning Center permission to feed my child table food.

Parent Permission: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Please list any foods that you do not want your child to eat.

\_\_\_\_\_