

Kids 4 Kompany Learning Academy

1520 Tara Rd.
Jonesboro, GA 30238
(770)210-9022

Infant Feeding Plan

Child's Name _____ **DOB** _____ **Date** _____

Does the child take a bottle? _____

Is the bottle warmed? _____

Does the child hold own bottle? _____

Can the child feed self? _____

Place a check next to all that apply. Does the child eat:

Strained foods _____ Whole Milk _____

Baby food _____ Table Foods _____

Formula _____ Other _____

What type of formula used? _____

Amount of formula to be given? _____

Updated amounts of formula: _____ **Date** _____

_____ **Date** _____

Does the child take a pacifier? _____

When? _____

Food likes _____ **Food dislikes** _____

Allergies (which includes any premixed formula) _____

Child's Schedule

Breakfast _____

Time _____ **Types and approximate amounts of food** _____

Lunch _____

Dinner _____

Morning Nap/Afternoon Nap approximate times: _____

Instructions for the introduction of solid foods or regarding adding new foods

please list: _____

Signature/Date of Parent/Guardian _____