

Infant Feeding and Sleeping Information Sheet

Child's Name: _____

DOB: _____

Date of Agreement: _____

I _____, want my infant child _____

Parent's Name

Child's Name

to be fed according to the following schedule:

One of the following items must be checked off:

1. ___ I decline the provider's offer to supply **Parent's Choice Premium** infant formula for my child. I will supply _____ formula only. I accept the provider's offer to supply other meal components.
2. ___ I accept the provider's offer to supply **Parent's Choice Premium** infant formula and other meal components for my child.
3. ___ I decline the provider's offer to supply infant formula or other meal components for my child. I will supply ALL food for my child.
4. ___ I will supply breast milk for my child. I accept the provider's offer to supply other meal components. ___ Please supplement breast milk if needed with **Parent's Choice Premium** infant formula. *Please label all individual portions of breast milk, all parts of the bottle and the bag that you store your breast milk in with your child's entire first and last name.*

How much breast milk/formula does your child typically drink? _____ How often? _____

Has your child been introduced to cereal? ___ If yes, what types _____

Has your child been introduced to baby food? Yes ___ No ___

List the fruits your child has been introduced to:

List the vegetables your child has been introduced to:

List the meats your child has been introduced to:

Has your child been introduced to apple juice? _____

Around 11 months we would like to be able to help transition your child to table food and whole milk. A menu will be provided for you to review and choose what your child may be able to eat while in this transition period.

I give permission for my child to transition to table food/milk on the following date: ___/___/___

Initials: _____

I have tried the following table foods with my child at home:

Are there any sleeping concerns with your child that the staff should be aware of? Yes_ No__

If yes , please explain_____

What is your baby's typical sleeping pattern for the day?

Please note: We cannot swaddle infants. We only place infants on their backs while sleeping. Blankets or snuggle items cannot be placed in cribs until over the age of 1. Bottles are never propped in our infant room - infants under 6 months are held for all bottle feedings.

Parent/Guardian Signature: _____ Date: _____

Infant Lead Signature: _____ Date: _____

Director's Signature: _____ Date: _____

