

Infant Feeding Information (Less Than One Year Old)

Child's Name _____ Date of Birth _____ Date _____

As of the date above, my child's current feeding information is:

Liquid:

☐ Breast Milk (in bags labeled with date and name)

☐ Canister of Powdered Formula (labeled with name)

Describe product and preparation directions _____

☐ Other Directions (i.e. alternating water and milk) _____

Quantity: _____ # of ounces for each feeding

Schedule For Feeding:

☐ Every _____ Hours

☐ When Hungry

☐ Other: _____

Please list any solid foods that have already been introduced to your child. Only include those foods your child has had three times. You can add to this list as new foods are introduced successfully.

We ask that you ONLY send foods to the JCC for your child that are included on this list. As you add to the foods you are sending to the JCC, please also add those foods to this list.

Please include any additional notes or comments:

Parent/Guardian Signature _____ Date _____

