

# Lake Dow Children's Academy

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## Infant Feeding Plan

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Does your child take a bottle? Yes [ ] No [ ]

Does your child require the bottle warmed? Yes [ ] No [ ]

Does your child hold his/her own bottle? Yes [ ] No [ ]

Can your child feed his/her self? Yes [ ] No [ ]

Does your child eat and/or drink:

Strained Foods [ ]      Baby Food [ ]      Table Food [ ]

Formula [ ]      Whole Milk [ ]      Other [ ]

What type of formula do you use? \_\_\_\_\_

Amount of formula to be given? \_\_\_\_\_

Does your child take a pacifier? Yes [ ] No [ ]

Does your child have any allergies? Yes [ ] \_\_\_\_\_ No [ ]

What are your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Breakfast \_\_\_\_\_

Approximate Time

Types and approximate amount of food and formula

Lunch \_\_\_\_\_

Approximate Time

Types and approximate amount of food and formula

Snack \_\_\_\_\_

Approximate Time

Types and approximate amount of food and formula

Morning Nap \_\_\_\_\_

Approximate Time

Afternoon Nap \_\_\_\_\_

Approximate Time

What are your instructions for the introduction of solid foods? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date