

Infant Room Feeding Instructions

Child's Name: _____

Please provide detailed instructions regarding your child's food experience by filling out the section that best describes your child's needs.

Section 1

Bottle Fed

My child drinks (please circle) **breast milk/formula/whole milk**, _____ oz at a time every _____ hours.

Section 2

Introducing Solid Foods (Infant cereal, jar food, etc.)

Please list how each type of food is prepared, how much and how often your child eats each type of food.

Section 3

Solid Foods from Kinderplace's Menus

My child can eat the food served at Kinderplace as per the Summer/Winter (please circle one) Menu posted with these exceptions, if any.

Parent Signature

Date