

**Feeding Care Instruction Form**

Dear Infant Parents,

It is required by the Child Care Licensing, that you fill out a feeding care instruction form every 30 days for infant 0-12 months old. This will be helpful to better serve your infant's needs in a more individualized manner. Please fill out the form below and leave it at the school or feel free to email at clearlakemontessori@gmail.com.

Every 30 days you will be required to fill out new instructions. (Form is available in your infant's class)

Thank you for your help in this matter.

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Please feed formula/breast milk \_\_\_\_\_ ounces, every \_\_\_\_\_ Hrs.

Please feed \_\_\_\_\_ jars of baby food every \_\_\_\_\_ Hrs.

Allergies: Food \_\_\_\_\_ Fruits \_\_\_\_\_ Vegetables \_\_\_\_\_

Skin Care: Ointment \_\_\_\_\_ Diaper rash cream \_\_\_\_\_

Diaper change: \_\_\_\_\_ every hour \_\_\_\_\_ every 2 hours \_\_\_\_\_ as needed

Allergies: Wipes \_\_\_\_\_

Sleeping Position: \_\_\_\_\_ on tummy \_\_\_\_\_ on back \_\_\_\_\_ on side

My infant: \_\_\_\_\_ sits \_\_\_\_\_ crawls \_\_\_\_\_ pulls up \_\_\_\_\_ stands with support \_\_\_\_\_ walks with support \_\_\_\_\_ walking

Pacifier: \_\_\_\_\_ yes \_\_\_\_\_ no

Feeding Schedule:

Breakfast \_\_\_\_\_ Time: \_\_\_\_\_

Lunch \_\_\_\_\_ Time: \_\_\_\_\_

Snack am \_\_\_\_\_ pm \_\_\_\_\_ Time: \_\_\_\_\_

Special Needs or other information: \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_