

Country Day Montessori

Infant Feeding Plan

Child's Name: _____ DOB: _____

Attendance Schedule: _____

Allergies: _____

My child is to be fed the following:

Breast Milk/Formula (include brand): _____

Solid/Jar Foods: _____

Snack Foods: _____

Any snack foods you would rather not be fed to your child?

(We keep crackers and Cheerios on hand and have occasional fruit)

Food likes: _____ Food dislikes: _____

Utensils: (please circle all that apply)

Bottles Sippy Cups Spoons Other: _____

Special Instructions for Food Preparation:

(Include temperature, consistency, strained, chopped or whole)

Note: Please label all bottles with the child's name and update this plan every three months (or more frequently.)

Parent Signature Date

Infant Sleeping Instructions

This is when _____ usually sleeps:

Time	Place	Length of Nap/Sleep
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

He/She is comfortable sleeping:

_____ crib _____ infant seat _____ car seat _____ Snuggli
_____ other _____

He/she sleeps:

_____ on his/her back _____ on his/her side
_____ with a pacifier _____ other _____

Special instructions:

Parent Signature

Date

Diapering Instructions

Child's Name: _____

Please label all items brought to the school.

<u>Items</u>	<u>Brand Name</u>	<u>Amounts</u>
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Lotions:

Powder:

Ointment:

Wipes:

If a rash occurs, my child should be treated as follows:

Special instructions and Notes:

Parent Signature

Date