



INFANT CARE / FEEDING PLAN

Child's Name: _____ Date _____ Date of Birth: _____

Name of Formula _____
of ounces ____/____/____
How often? ____/____/____
Amount of Formula updates:
Date ____/____/____
Date ____/____/____
Date ____/____/____

Breast Milk Yes / No
Formula Yes / No
Whole milk Yes / No
Water Yes / No
Baby Foods Yes / No
Strained Foods Yes / No
Table Foods Yes / No
Does child feed self? Yes / No

Allergies:
Diaper Cream/ Yes /No

Diapering Products:

____ Yes KWLC has my permission to use over the counter diapering products on my child.

I will provide the diapering product _____

Comment _____

Notes: _____

FEEDING

It is Kid's World Learning Center policy that bottles be held, not propped, during feeding.
Bottles must be pre-mixed, labeled with child's full name, dated and ready to be served

Pacifier use Yes/No
Special instructions:

Breakfast-Time of Day _____ Type and approx. amount of food _____

Lunch-Time of Day _____ Type and approx. amount of food _____

Dinner-Time of Day _____ Type and approx. amount of food _____

Food likes _____ Food dislikes _____

Does your child have allergies? If so, what are the symptoms? _____

Regarding infant sleeping practices, Kid's World Learning Center follows recommendations of the SIDS Alliance.

If your child is sleeping- Do you want us to wake them to be fed? _____

What is the longest you want your child to nap at one time? _____

I, _____ understand it is my responsibility to keep Kid's World Learning Center updated, in writing as my child's needs change.

Please note that this form needs to be updated every 30 days until the child is eating table food.

Parent's signature _____ Date _____

I have reviewed this form and no changes are necessary (or initialed changes) for this 30-day period

Parent's signature _____ Date _____

My child is eating table food and does not require 30 day updates. _____ Date _____