

# OURKIDS MONTESSORI SCHOOL INFANT FEEDING FORM

Child's Name	Date of Birth
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## FEEDINGS

Parent provides Breastmilk? Yes No Parent provides formula? Yes No Formula Type Brand and Style from Home _____ Whole Milk? Yes or No (11 months+) Does your child hold their own bottle? Yes No Child prefers bottle warm/cold?	Special Notes _____ _____ _____  <b>Staff have parent update and/or sign on the 1<sup>st</sup> of each month, per DFPS.</b>
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**Child's Typical Schedule** \_\_\_\_\_

**Child eats pureed food?** Yes No. **If yes,** approx. feeding times and amount to feed. (Example: 1 jar

Breakfast	Lunch	PM Snack
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of fruit every 3-4 hours, 4 oz. bottle)

**Children on table food are fed at 8 am/ 11 am/ 3pm**

**This schedule works for my child?** Yes or No If no, please indicate change

***Other helpful Information: All items including baby bags, bottles, pacifier, and clothing should be labeled by parent with child's name. Parent provides diapers and wipes. Pacifiers must be labeled and have an attachment.***

<b>Child uses pacifier?</b> Yes No <b>How do you normally put your child to sleep?</b> Rock Lay in bed	When changing diaper use powder, cream, other _____. <b>Parent provides and signs permission form.</b>
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Parent's Signature

Date

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