



Diet and Feeding Schedule

***PLEASE PRINT NEATLY**

Child's Name: _____ Date of Birth: _____

Is your child currently drinking: Formula Breastmilk Both

If your child is drinking formula, please list the brand: _____

Is your child currently eating jar baby food? Yes No N/A

If yes, please list the brand(s): _____

If no, please list the date your child will begin jar food: _____

Please list the order that the foods (vegetables, fruits, meats, etc.) will be introduced **please be very specific*: _____

Is your child currently eating table food? Yes No

If no, please list the date your child will begin table food: _____

Is your child currently drinking whole milk? Yes No

Does your child currently have scheduled feeding times? Yes No

If yes, please list the times: _____

Does your child have any known food allergies? Yes No

If yes, please list: _____

Does your child have any food restrictions? Yes No

If yes, please list: _____

****Please note that such food allergies/restrictions MUST be documented by his/her physician and is placed on file for future reference. Meals offered must coincide with the current FDA Regulations stipulated by the CACFP.***

I/We understand that the aforementioned information is accurate and has been discussed with my/our child's physician. This information will be used for the sole purpose of providing meals to my/our child that will meet my/our child's daily nutritional needs. By signing this agreement, I am agreeing to the aforementioned information, therefore allowing the Infant Nursery Staff to provide meals to my/our child while enrolled. I/We have asked all the necessary questions regarding this issue and I/We promise to provide accurate updates and revisions to this schedule as needed in a timely manner.

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)