



INFANT SCHEDULE AND PARENT AGREEMENT

Name of Infant: _____ Date of Birth: _____

Parent's Name: _____

Feeding Schedule

_____ Breast Milk

_____ Formula - Name of Infant Formula _____

I want my infant child to be fed according to the following schedule:

Signatures on this document imply that both parties understand:

- ✓ Infants six months of age or younger must be held while being bottle-fed. Infants older than six months must be held while being bottle fed until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents thereof (418-1.12(ag)).
- ✓ Microwave heating of infant food and formula is prohibited by regulation (418-1.12(ab)).
- ✓ Every effort must be made to accommodate the needs of a child who is being breast-fed (418-1.12(af))

Sleeping/Nap Schedule

** Please note that the feeding and sleeping schedules are only guidelines and that we are an as-needed infant program.

***This form needs to be updated as the child's schedule changes.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Director's Signature _____ Date _____