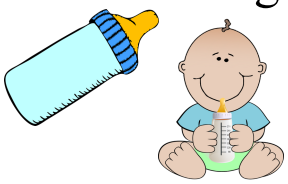
NEW BEGINNINGS
Infant Pre-School Day Care
HAUPPAUGE KINGS PARK SMITHTOWN

Infant/Child's Feeding Schedule



Name of Infant: _____ Date of Birth_____

Please list any allergies:

_____

_____

_____

Please check **any/all** that apply:

_____ Breast Milk Frequency:_____ Ounces: _____

_____ Formula Frequency:_____ Ounces: _____

_____ Reg. Milk Frequency:_____ Ounces: _____

_____

Please feed my infant/child solid foods according to this schedule:

Meal	Time	What I Eat	How to Prepare
Breakfast			
Morning Snack			
Lunch			
Afternoon Snack			

Sleep Schedule:

Times:_____ Times:_____ Times:_____