

Thanks for printing and filling one out every day. Remember

1. Label **ALL** clothing, bedding, pacifiers, diapering supply containers, etc. with your child's name
2. Label **ALL** bottles with NAME AND DATE – Note: **Red masking tape for breast milk**, **blue for formula**
3. If feeding with breast milk, extra bags of frozen breast milk may be stored in our freezer, labeled as above.



Child's Name: _____

Date: _____

Main parent contact today (name and phone):

Woke up at : _____

Last ate at: _____ Amount: _____ oz

Notes for teacher: _____



Child's Name: _____

Date: _____

Main parent contact for today (name and phone)

Woke up at : _____

Last ate at: _____ Amount: _____ oz

Notes for teacher: _____

IDEAL FEEDING SCHEDULE

Please indicate oz. per bottle of BM (breast milk), F (formula), or S (solids)

Ex. _____ 5 oz F at _____ 9:00am _____

_____ at _____

_____ at _____

_____ at _____

_____ at _____

_____ at _____

May child eat school food today?

____ Yes ____ No

IDEAL FEEDING SCHEDULE

Please indicate oz. per bottle of BM (breast milk), F (formula), or S (solids)

Ex. _____ 5 oz F at _____ 9:00am _____

_____ at _____

_____ at _____

_____ at _____

_____ at _____

_____ at _____

May child eat school food today?

____ Yes ____ No