



**AHAYAH ACADEMY LEARNING CENTER
INFANT FEEDING PLAN**

Child's full name _____ Date _____ Date of birth _____

Does child take bottle? Yes [] No []
Is the bottle warmed? Yes [] No []
Can the child feed self? Yes [] No []
Does the child hold own bottle? Yes []

Does the child eat: (Check all that apply)

Strained foods [] Whole milk []
Baby foods [] Table foods []
Formula [] Other []
Breast Milk []

What type of formula used? _____

Amount of formula/breast milk to be given? _____

Updated amounts of formula/breast milk: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Does the child take a pacifier? Yes [] No [] If yes, when? _____

Food likes _____

Dislikes _____

Allergies? (Include any premixed formula) _____

FORMULA/ BREAST MILK			FOOD		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods _____

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.

PARENTS' SIGNATURE: _____ **Date:** _____