

Nido Room Infant Feeding Schedule (For all children less than 15 months old)

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_\_\_ months

INSTRUCTIONS

1. Food/Bottles Brought Daily (quantity):
2. Instructions for Feeding:
	1. Bottles (breast milk, formula, milk, juice)
	2. Food (baby food, cereal, table food)
3. I plan to nurse (approximate times): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Changes in Schedule (Must be recorded as habits change)**

|  |  |  |  |
| --- | --- | --- | --- |
| Food | Date to Introduce | New Instructions | Parent or Staff Initial |
| Milk |  |  |  |
| Baby Food |  |  |  |
| Juice |  |  |  |
| Cereal |  |  |  |
| Table Food |  |  |  |

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