



"Where kids count"

### Nutrition Schedule

Child's Name: \_\_\_\_\_

Please fill in an idea of a feeding schedule for your child for the day.

7 A.M. \_\_\_\_\_

8 A.M. \_\_\_\_\_

9 A.M. \_\_\_\_\_

10 A.M. \_\_\_\_\_

11 A.M. \_\_\_\_\_

12 A.M. \_\_\_\_\_

1 P.M. \_\_\_\_\_

2 P.M. \_\_\_\_\_

3 P.M. \_\_\_\_\_

4 P.M. \_\_\_\_\_

5 P.M. \_\_\_\_\_



Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Child prefers their bottle: Warm  Room Temp  Cool from Fridge

My Child drinks: Breast Milk  Formula  Cow's Milk  Other

My Child can also have cow's milk Yes  No

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

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_