

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 for today (name and phone):

Woke up at : _____

Last ate at: _____ Amount: _____

Notes for teacher: _____

IDEAL FEEDING SCHEDULE

Please indicate oz. per bottle of BM (breast milk), F (formula), or S (solids). If S, please specify what you packed for that feeding.

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

_____ at _____.

_____ at _____.

_____ at _____.

_____ at _____.

_____ at _____.

_____ at _____.

May child eat school food today?

___ Yes ___ No



Child's Name: _____

Date: _____

Main parent contact for today (name and phone):

Woke up at : _____

Last ate at: _____ Amount: _____

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