

# BEGINNINGS AND BEYOND – MONTHLY INFANT FEEDING APPROVAL FORM: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE RANGE: 0-5 M or 5-11 M

FOOD ALLERGIES/PREFERENCES: \_\_\_\_\_

**CHECK ALL APPROVED :**

BREAST MILK:      OUNCES PER BOTTLE \_\_\_\_\_      FREQUENCY OF FEEDINGS: \_\_\_\_\_ HRS

FORMULA:      OUNCES PER BOTTLE \_\_\_\_\_      FREQUENCY OF FEEDINGS: \_\_\_\_\_ HRS

INFANT CEREAL:      TBSP. PER FEEDING \_\_\_\_\_      FREQUENCY OF FEEDINGS: \_\_\_\_\_

SEMI-SOLIDS: \_\_\_\_\_

SOLIDS \*NOTE: IF YOUR CHILD IS PERMITTED TO EAT OFF THE CENTERS MENU, PLEASE CIRCLE ALL APPROVED ITEMS ON THE MONTHLY MENU\*

ADDITIONAL FEEDING SPECIFICATIONS / NOTES: \_\_\_\_\_

**UPDATES TO FEEDING SCHEDULE:**

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ PARENT INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ PARENT INITIALS: \_\_\_\_\_

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AGE	BREAKFAST	LUNCH	SNACK
<b>0 - 5 MON</b>	4 - 6 fl. Oz. breast milk or formula	4 - 6 fl. Oz. breast milk or formula	4 - 6 fl. Oz. breast milk or formula
<b>5 - 11 MON</b>	6-8 fl. Oz. breast milk or formula <b>AND</b> 0 - 4 tbsp. infant cereal <b>AND</b> 0 - 2 Oz. cheese <b>AND</b> 0 - 4 Oz. cottage cheese <b>AND</b> 0 - 4 Oz. / ½ cup Yogurt <b>AND</b> 0 - 2 tbsp. fruit or vegetable <b>AND</b> 0 - 4 tbsp. lean meat, poultry, fish, whole egg, cooked dry beans or cooked dry peas	6-8 fl. Oz. breast milk or formula <b>AND</b> 0 - 4 tbsp. infant cereal <b>AND</b> 0 - 2 Oz. cheese <b>AND</b> 0 - 4 Oz. cottage cheese <b>AND</b> 0 - 4 Oz. / ½ cup Yogurt <b>AND</b> 0 - 2 tbsp. fruit or vegetable <b>AND</b> 0 - 4 tbsp. lean meat, poultry, fish, whole egg, cooked dry beans or cooked dry peas	2-4 fl. Oz. breast milk or formula <b>AND</b> 0 - ½ slice bread <b>AND</b> 0 - 2 crackers <b>AND</b> 0 - 4 tbsp. infant cereal <b>AND</b> 0 - 2 tbsp. fruit or vegetable

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_