The Cuddle Zone Learning Center Inc.
Infant Schedule

Child's Name_____ DOB_____ Start Date _____

Formula Brand _____ Quantity Offered: _____ oz.
Updated amount: _____oz.

I prefer my child be fed bottles : ___On Demand
___On a Schedule

If on schedule, please indicate times: _____ _____ _____ _____ _____
Updated times: _____ _____ _____ _____ _____

Cereal will be offered to children over 3 months of age. If you would like us to feed your child cereal, please indicate type, amount and time below.

___Rice ___Oatmeal ___Barley ___Mixed How much? _____

If on schedule, please indicate times: _____ _____ _____ _____ _____
Updated times: _____ _____ _____ _____ _____

Once your child begins baby food and you have tried them at home at least once, you may provide us with these foods. Please indicate the type of food, the amount you offer and the time of day you would like it offered.

	Types:		
___Fruit		Amount:_____	Time of Day: _____
___Veggies		Amount:_____	Time of Day: _____
___Stage 2		Amount:_____	Time of Day: _____
___Stage 3		Amount:_____	Time of Day: _____
___Other		Amount:_____	Time of Day: _____

My child prefers to nap: ___When tired ___On a schedule...At these times: _____ _____ _____ _____
(All infants will be placed on their back to sleep)

My child uses a pacifier, which I will supply _____Yes _____NO

Parent Signature:_____ Date: _____

With written parent permission, table food may be offered to children 10 months and older. You will receive a menu at that time and once youhave tried foods at home, you may highlight them on the menu for your child and we will begin serving them that item. This includes whole milk. Please continue to supplement meals with baby food until the child is able to eat all components of a meal.

Changes made:_____ Date: _____ Parent Initials:_____ Staff Initials: ____ ____ ____

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