



CHILDREN'S LEADERSHIP ACADEMY INFANT FEEDING PLAN

1515 Hickory Rd Canton GA 30115

770-720-2090

Child's Name: _____ Date: _____

Date of birth: _____

Does your child take a bottle? Yes No

Is the bottle warmed? Yes No

Does your child hold their bottle? Yes No

Can your child feed themselves? Yes No

Does your child take a pacifier? Yes No

Your child takes _____ formula or breast milk only.

Amount of formula or breast milk to be given at each feeding _____ oz.

How often does your child take a bottle _____.

Please circle any of the following that your child will eat/drink:

Strained Foods Baby Food Table Food

Formula Breast Milk Whole Milk

Any food allergies: _____.

Other special instructions _____.

Parent Signature

Date