Infant Feeding Schedule

Child's Name:_____ Date of Birth: _____

Date of Agreement: _____

I want my child to be fed according to the schedule below:

Signature on this document implies that both parties understand:

- Child under 6 months must be held during bottle feedings (417.12(m))
- Microwave heating of infant food is prohibited by regulation (417.12(k)(2)).
- The childcare provider must make ever effort to accommodate a child who is breastfeed (417.12(l)).

Parents Signature:_____ Date: _____

Providers Signature: _____ Date: _____