THE SITTER INC.

INFANT FEEDING SCHEDULE

Name_____ **Date**_____

Do I drink formula? _____ **Breast milk**_____

Name of formula _____

How often do I eat? _____ **What amount?** _____

Do I eat food? Yes_____ **No**_____

What do I eat? Table food _____ **Baby food** _____

How often do I eat? _____ **What Amount?** _____

Parent signature_____ **Date**_____