## Infant Feeding Schedule, Instructions, and Permission

Child's Name:	Date of Birth:
Please feed:	Morning Snack:
☐ Breast milk	☐ Parent Provided
Formula:	Amount: Half Container
	Full Container
☐ Other:	Other:
Time:	Little Lambs "Big Kid" Menu (Table foods)
☐ Upon Demand	T unch.
Everyhours	Lunch:
<u> </u>	Parent Provided  Amount: Half Container
Amount:(in ounces)	Amount: Half Container Full Container
	Other:
From:	☐ Little Lambs "Big Kid" Menu
☐ Parent Provided Bottle	(Table foods)
☐ Şippy Cup	
☐ Open Cup	Afternoon Snack:
□ Parent Provided Cup	Parent Provided
	Amount: Half Container
	Full Container
	Other:
	Little Lambs "Big Kid" Menu (Table foods)
Sissy's Little Lambs Children's Center stores all infant bottles and	food in the refrigerator and heats it in a warm water bath.
<ul> <li>Parents will prepare enough bottles for their Child for the entire of additional bottle.</li> </ul>	day, plus one extra in the event the Child would like an
<ul> <li>In the event of an emergency, you are required to keep an unopen container and labeled with your child's full name and "emergency s</li> </ul>	
<ul> <li>The parent must provide all food until an infant has been exposed provide our Little Lambs "Big Kid" Menu.</li> </ul>	to everything on our menu. Then at that time, we will
My Child has the following allergies/sensitivities (Please see A	llergy/Sensitivity form);
My Child has the following allergies/sensitivities (Please see A	Illergy/Sensitivity form);
I give Sissy's Little Lambs Children's Center permission to pro	vide my child's food as indicated above.
Parent/Guardian Print Name Da	ate
Gignature of Parent/Guardian Sig	gnature of Staff