



# INFANT CARE / FEEDING PLAN

www.kidsworldcyfair.com

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Formula \_\_\_\_\_

or Breast milk

# of ounces \_\_\_\_\_

Frequency:

Every 3-4 hours  \_\_\_\_\_

Every 4-5 hours  \_\_\_\_\_

Update milk once a month or as changes occur.  
(Additional forms available on our website)  
www.kidsworldcyfair.com

Circle Yes or No – all that are applicable

Breast Milk	Yes / No
Formula	Yes / No
Whole milk	Yes / No
Water	Yes / No
Baby Foods	Yes / No
Table Foods	Yes / No

**ALLERGIES OR MEDICAL CONDITION**

**Does your child have allergies:** YES or NO  
IF YES PLEASE EXPLAIN and a Food Allergy Action Plan may be needed. If yes, please see the director.

**Does your child have a Medical Condition:** YES or NO  
IF YES PLEASE EXPLAIN

**Diaper Cream:** Yes or NO      **Pacifier use:** Yes or NO

**Diapering Products:**  
\_\_\_\_ Yes, KWLC has my permission to use over the counter diapering products on my child. (Parents are to provide the diapering product)

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FEEDING:

*It is Kid's World Learning Center policy that bottles be held, not propped, during feeding.*

**Bottles must be pre-mixed, labeled with child's full name, dated and ready to be served. Please try to avoid baby food in glass jars, baby food pouches are great. Infant bottles must be fully prepared by the parents ready for consumption. Baby bottles allowed with liquids only. Oatmeal and Rice cereal served in a bowl not in baby bottles. Please do not dispense oatmeal in infant formula, breast milk or milk bottles or sippy cups to avoid a choking hazard.**

Breakfast:     Cereal      Food  ½ pouch  full pouch     bottle    or     both

AM Snack:     Cereal      Food  ½ pouch  full pouch     bottle    or     both

Lunch:         Cereal      Food  ½ pouch  full pouch     bottle    or     both

PM Snack      Cereal      Food  ½ pouch  full pouch     bottle    or     both

Does your child have allergies? If so, what are the symptoms? \_\_\_\_\_

**Regarding infant sleeping practices, Kid's World Learning Center follows recommendations of the SIDS Alliance.**

If your child is sleeping- Do you want us to wake them to be fed? \_\_\_\_\_

What is the longest you want your child to nap at one time? \_\_\_\_\_

I, understand it is my responsibility to keep Kid's World Learning Center updated, in writing as my child's needs change.

Please note that this form needs to be updated every 30 days until the child is eating table food.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this form and no changes are necessary (or initialed changes) for this 30-day period

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

My child is eating table food and does not require 30-day updates. \_\_\_\_\_ Date \_\_\_\_\_