



ENERGY CAPITAL
COOPERATIVE
CHILD CARE

INFANT FEEDING INSTRUCTIONS

Child's Name _____ Date of Birth _____

Breast Milk

Feed on Demand _____ ounces

_____ ounces every _____

Formula _____ type/brand

Feed on Demand _____ ounces

_____ ounces every _____

Baby Food

Cereal prepared with _____

Please list times child should be fed cereal and baby food. Parents must provide bottles, breast milk, formula, baby food and cereal.

Other instructions:
