

Tree of Life Child Care Ministry

Infant Feeding & Nap Schedule

Name of Child _____ Date of Birth _____

Type of Formula _____

Type(s) of Baby Food and/or Juice _____

Please note that all baby food and juice brought to Tree of Life must be in its original container(s) and must be labeled with the child's first and last name.

Parents are responsible for providing prepared, sterilized bottles daily that have been labeled with the child's first and last name, amount (in ounces), and the date prepared. Please allow for one extra bottle daily and take home all bottles at the end of the day.

Feeding Schedule:

Snacks or feedings in between typical meals should be listed as well. Your child's feeding schedule should be updated as their nutritional needs change.

Time	Amount	Type of Formula, Food or Juice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Food allergies or special dietary needs: _____

Nap Schedule:

Time	Length of time your child typically sleeps
_____	_____
_____	_____
_____	_____

Special Notes: _____

Parent/Guardian Signature

Date