



Willow Bend Learning Center

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INFANTS: PARENT INSTRUCTION SHEET

Stage 1 Meals: for Babies on Formula/Breast Milk only

**Parents, please update this information on the 1st of every month. This is not a daily sheet.*

**Parent Instruction Sheet depends on the feeding stage of your child, NOT on the class they are in.*

Date: _____ For the month of: _____

Child's Name: _____ Date of Birth: _____

Feeding Schedule for Babies on Formula/Breast Milk only:

Breast Milk _____ or Formula _____ Warmed? Yes _____ No _____

Time	Type & Amount	Special Instructions
_____:	_____	_____
_____:	_____	_____
_____:	_____	_____
_____:	_____	_____

- If your child is hungry, sleeping, or waiting their turn, the feeding time may be adjusted up to +25 minutes.
- Let us know your preference on whether we should wake up your baby or let him sleep for up to 45 minutes past his/her feeding time.
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Child is comforted by Pacifier: Yes _____ No _____

I do not [] give permission to apply diaper rash creams provided by me, as needed.
(Permission is implied if not checked)

Special Notes/Concerns: _____

Parent Signature: _____

Teacher's Notes: _____