



Willow Bend Learning Center

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INFANTS: PARENT INSTRUCTION SHEET

Stage 2 Meals: For Babies on Formula/Breast Milk AND Baby Foods/Cereal

**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 and Baby Foods/Cereals

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

Kind of Cereal: _____ Warmed? Yes _____ No _____

Baby Food: _____

Allergic to/needs to avoid any food: _____

- Once your child is on solids, he/she will have a more structured feeding and napping schedule, to help ease in adapting to his/her developmental needs, as well as keeping more time for developmental skills.
- Let us know your preference in terms of how many bottles you want your baby to have, and with which meal.
- If your child is hungry, sleeping, or waiting their turn, the feeding time may be adjusted up to +25 minutes.
- Remember, solids will always be served before milk/formula.
- Indicate if you like the food to be fed in any particular order, and/or combination, or any other special requirement.

Time:	Type & Amount	Special Instructions
Breakfast (7:45 am-8:45 am)		
____:____	_____	_____
____:____	_____	_____
Lunch (11:00 am-11:45 am)		
____:____	_____	_____
____:____	_____	_____
Snack (2:30 pm-3:15 pm)		
____:____	_____	_____
____:____	_____	_____

Child is comforted by Pacifier: Yes _____ No _____

I do not [] give permission to apply diaper rash cream. *(Permission is implied if not checked)*

Special Notes/Concerns: _____

Parent Signature: _____

Teacher's Notes: _____