

# Willow Bend Learning Center

3900 W. Park Blvd, Plano, TX 75075

Ph: 972-867-1871; Fax: 972-964-7097; E-Mail: [willowbendlc@aol.com](mailto:willowbendlc@aol.com)

## INFANTS: PARENT INSTRUCTION SHEET

### Stage 3 Meals (up to 15 months old)

*\*Parents, please update this information on the 1<sup>st</sup> 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 Home+Center Meal combo

*(Parents, please fill out ONLY if your child is on Stage 3 Meals. Do NOT fill if your child is on ALL table foods.)*

- Up to the age of 15 months, your baby may eat a home/school meal combo.
- Milk/formula is given at/after each meal.
- Once your baby is on table foods, we will follow the school mealtimes and the school menu.
- Walking children cannot be given a bottle/cup after 3:00 pm.
- After 15 months, you must choose between Home or Center Meals as per our policy.
- After 15 months, the office must be notified if your child is on any special meal or beverage.
- After 15 months, all home lunches & lunch beverages must be left on the hallway trolley.
- After 15 months, only school juice/school water will be served.

\*\*\*\*\*

My child \_\_\_\_\_ can eat/cannot eat \_\_\_\_\_ Table Foods or School Menu  
My child is on: (check all that apply) ( ) Formula. ( ) Milk. ( ) Bottle. ( ) Sippy Cup.

In addition to table foods, my child is still on the following cereal and/or baby food:

Cereal: \_\_\_\_\_ Baby Food: \_\_\_\_\_

Allergic to/needs to avoid any food: \_\_\_\_\_

List any special instructions for Breakfast (8:00 am)	<u>Type/Amount</u>
_____	_____
_____	_____

List any special instructions for Lunch (11:30 am)	<u>Type/Amount</u>
_____	_____
_____	_____

List any special instructions for PM Snack (2:45 pm)	<u>Type/Amount</u>
_____	_____
_____	_____

Child is comforted by Pacifier: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Special Notes/Concerns: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Teacher's Notes: \_\_\_\_\_