

Cranfield Academy Individual Feeding Schedule Preferences

Date: _____

Child's Name _____

Child's Birthday _____

Parent's Names: _____

and _____

Check all that apply:

When I am hungry I like:

Formula (please list brand) _____

Breast Milk _____

Jar Food _____

Table food _____

I would like to eat every _____ hours.

If I seem hungry earlier than that, please (circle one) do do not feed me.

In my crib, please lay me on my (circle one): side back tummy

(Please note, for children under 6 months of age, tummy or side sleeping positions will require a signed doctor's note.)

I (circle one) do do not have any known allergies. Please list allergies:

I (circle one) do do not enjoy a pacifier (please list brand): _____

My favorite thing to snuggle with us a: _____

Special instructions:

Completed by (please print name) _____