**Infant Feeding and Sleeping Schedule:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Formula Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff has permission to prepare formula for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please sign and date if applicable)**

**I have a breastfed baby, I will send in labeled breastmilk daily:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please sign and date if applicable)**

**Eating Schedule:**

**Nap Schedule (include how you get your baby to sleep ie. Rocking, just put in crib and walk away, binky, patting back, rocking the crib, etc…):**

**Special Notes:**

**1st Feeding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Feeding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3rd Feeding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4th Feeding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**