



# FIRST PROTESTANT SCHOOL OF NEW BRAUNFELS

## Feeding Schedule

Child's Name: \_\_\_\_\_ Month: \_\_\_\_\_

**Bottles:**  Breast milk  Formula  Milk  Juice

Brand: \_\_\_\_\_ Quantity: \_\_\_\_\_ Ounces: \_\_\_\_\_

**Circle one:** Room temp. or Warmed up

Every \_\_\_\_\_ hrs. from morning feed!

Instructions for feeding:

**Food:**  Cereal  Baby food  Table/finger foods  Snacks

**Time:** \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

Instructions for feeding:

---

Parent Signature