THE HONEY TREE PRESCHOOL
FOX HOLE SCHEDULE

NAME OF CHILD _____ DATE OF LAST UPDATE

METHOD OF FEEDING (Please check all that apply)

Breast Feeding _____

Bottle Feeding _____

Brings Own Food _____

Honey Tree Food _____

Whole Milk _____

Juice _____

FEEDING SCHEDULE (List type of food and quantity in appropriate time period.)

6:00 _____

7:00_____

8:00_____

9:00_____

10:00_____

11:00_____

12:00_____

1:00_____

2:00_____

3:00_____

4:00_____

5:00_____

6:00_____

Allergies:

Food:_____

Skin:_____

Other:_____

Parent Notes:

_____

_____

_____

REST SCHEDULE (Please note appropriate rest times.)_____