

THE HONEY TREE PRESCHOOL
INFANT SCHEDULE

NAME OF CHILD: _____ DATE OF LAST UPDATE: _____

METHOD OF FEEDING (Please check all that apply):

Breast Feeding _____

Bottle Feeding _____

Name of Formula _____

Solid Food _____

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 _____

REST SCHEDULE (Please note appropriate rest times.)

PLEASE NOTE ANY SPECIAL INSTRUCTIONS REGARDING THE CARE OF YOUR CHILD:
