



# LEARNING LADDERS

## INFANT FEEDING PLAN

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Feeding	Times	Food to be given	Amount
Breakfast			
AM Snack			
Lunch			
PM Snack			
Dinner			
Juice			
Milk/Formula			

Additional notes, if any \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents' s Signature \_\_\_\_\_ Date: \_\_\_\_\_