

Infant feeding Preference Sheet

Child's Name: _____

Age THIS month: _____

Does your child take a bottle or cup?	Bottle	Cup
Is the bottle warmed?	Yes	No
What type of formula does your infant drink?	_____	
Is your baby on breastmilk?	Yes	No
If yes, will you be coming to feed your baby or will you be sending expressed milk?	_____	
How often does your baby take formula?	_____	
How many ounces at each feeding?	_____	

Below is a time table and recommendations by the Texas Department of Agriculture Food and Nutrition Division for infant feeding. Parents can list the types of baby food that they would like for us to provide, but we must provide the food-parents are not required to provide baby food or baby cereal. We spoon feed all infants and are prohibited from putting food in a bottle.

4 Months of Age	Iron Fortified Infant Cereal (Recommended but not required)
5 Months of Age	Iron Fortified Infant Cereal and Baby Food (Recommended but not required)
8 Months of Age	Iron Fortified Cereal and either baby food or table food (we must give a meat and a fruit or vegetable)(required that we give this at 8 months of age but the parent can choose whether or not we give baby food or table food. Also, juice is required at this age at snack time but can be limited to two ounces, if requested. We ONLY give apple juice.

Please indicate your preference:

My child is 4 Months of age and I would prefer that he/she have infant cereal

My child is 5 months of age and I would prefer that he/she have infant cereal and baby food

My Child is younger than 8 months of age and I would prefer that they have nothing but formula until they are 8 months of age

My child is 8 months of age or older and I would prefer that they have baby food and baby cereal

My child is 8 months of age and older and I would prefer that they have table food.

Parent's Name: _____ Date: _____

Parent's Signature _____