MON PETIT ACADEMY FEEDING PLAN

We are committed to helping moms continue to breast feed through their childcare journey. We are here to share our resources to better support you and your family through this transition and ensure that both mom and baby are healthy and have full support. Having good communication between parents and caregivers is essential in working to meet the needs of each child.

Tell us about your child's feedings so we can know and understand your child better.

This form must be completed for all children 0 to 12 months enrolled in our program and reviewed by our infant supervisor.

Child's Name _____

Date of Birth_____

Parents/ Guardian Names _____

At home, my child eats:

Type of Food	From (e.g. mom, bottle, cup, other)	How often or approximate time(s) of day	Average amount per feeding	Details about feeding
Breast milk				
Formula - Brand:				
Milk (12 months +) Type:				
Infant Cereal Type/brand:				
Baby food				
Table foods				
Other (describe):				

At our center we do provide puffs, teethers, crackers for our infants. We also begin to offer our daily snack to our infants who are transitioning into our toddler rooms 9+ months. Please let us know if we have your permission to provide this to your infant or if there is any information we should know about feeding your child?

How does your child show you he/she is hungry?

Are you aware of any food allergies or sensitivities that your child has?

Does your child have any problems with feedings, such as gagging, choking or spitting up? If yes, please explain:

I plan to come to the Mon Petit to nurse my child at the following times:

My usual pickup time will be:

If my child is crying or seems hungry shortly before I am going to arrive please try the following to soothe my child (choose as many as apply):

Hold my child

Use the pacifier I provided

Give a bottle of my expressed milk

At the end of the day, please do the following (choose one):

Return all thawed and unused milk home

Discard thawed and unused milk

Parent/Guardian Signature _____

Date _____