



Important Facts about Your Child Feeding and Napping Routines

Child's Name: _____

Date: _____

Bottles

My child generally drinks _____ oz of formula / breastmilk / whole milk every _____ hours.

Sippy Cup

My child has graduated to a _____

She / He may have the following:
 JUICE (DILUTED WITH WATER)
 BREASTMILK / FORMULA / WATER

Meals

My child is ready to feed herself/himself: YES / NO

She/he can use the following for self feeding:

FINGERS

SPOON

Updates

Change _____

Date _____

Parent Initials _____

This is the sort and amount of food my child eats for breakfast:

Change _____

This is the sort and amount of food my child eats for a snack:

Date _____

Parent Initials _____

Change _____

This is the sort and amount of food my child eats for lunch:

Date _____

Parent Initials _____

Napping

My child usually takes _____ number of naps a day.

She/He usually naps around _____ for about _____ hours.

She/He usually naps around _____ for about _____ hours.

She/He usually naps around _____ for about _____ hours.

My child likes to sleep with _____

Parent Signature : _____

This form should be updated as your child's eating and sleeping habits change. Updated information assists the Little Bitty City Kids Staff to provide the best care possible.

