

JELLY BEAN FEEDING SCHEDULE

Name of Child: _____ DOB: _____

I (parent name(s)) _____

Will supply Jelly Bean Group Family Day Care with, (number of ounces) _____ of (breast milk/frozen breast milk/formula) _____ to be fed (times per day) _____.

Permit a Jelly Bean Group Family Day Care onsite provider to prepare _____ (name of formula) for (number of bottles) _____ to be fed (times per day) _____.

Will also provide:

___ Bottles of water to be fed (number) ___ times a day,

___ Bottles of juice to be fed (number) ___ times a day,

___ Yogurt to be fed (number) ___ times a day,

___ Puree fruit to be fed ___ times a day,

___ Cereal to be fed ___ times a day by spoon.

Notes/Updates:

Parent signature

Date