



INFANT FEEDINGS: "ALL ABOUT ME"

**This optional form may be used to help providers comply with the Delacare regulations:**  
Delacare Rule #64 (Early Care & Education & School Age Centers), Delacare Rule #283 (Family Child Care Homes) & Delacare Rule #337 (Large Family Child Care Homes)

Date of Completion: \_\_\_\_\_

1) Child's Name: \_\_\_\_\_

2) Date of Birth: \_\_\_\_\_

3) Does your child have any known food allergies?

Yes

No

If Yes, please list the allergies and describe your child's reaction(s) if exposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please check any/all that are applicable:

**Formula** Name of Formula: \_\_\_\_\_

**Breast Milk**

Amount (ounces) of formula or breast milk in each bottle: \_\_\_\_\_ **oz.**

Updates to feeding amounts:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ **oz.** Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ **oz.** Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ **oz.** Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ **oz.** Parent Initials: \_\_\_\_\_

**Baby Cereal(s) and/or Semi-Solid Foods:** Please list the approved cereal(s) and/or semi-solid foods:

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Updated list of approved baby cereal(s) and/or semi-solid foods:

Date: \_\_\_\_\_ Foods: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Foods: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Foods: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

5) If your child is permitted to eat solid foods, please review the attached menu. Circle the approved foods and note the date approval was given. If your child is eating solid foods, he/she will follow the meal/snack schedule of the Center.

**6) Parent(s)/Guardian(s) Suggested Feeding Schedule:**

Approximate Time	Bottle/Food #1	Bottle/Food #2 (if applicable)

7) Comments:

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**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**