



Bright Path

Infant One Individual Schedule

Date: _____

Child's Name: _____

Child's Current Age and Date of Birth: _____

Is your child breast fed or bottle fed? _____

Will you be bringing Expressed milk or formula bottles?

How often does your child take a bottle?

Typically how much does your child drink (bottles/day and at each feeding?)

Note: we cannot let a child go longer than 4 hours between bottles per OCFS

How often and how long does your child nap? _____

Does your child use a pacifier? _____

Does your child eat baby food for breakfast? _____ For lunch? _____

For snack? _____

Can your child have crackers or cheerios? _____

Please complete and attach to baby food permission form

This institution is an equal opportunity provider.