



Gophers Feeding Schedule

Child's Name: _____

Date: _____

Please feed my child according to the following feeding schedule.

Bottle Times (Please Check Appropriate Box):

Note: Please let the teacher know the time last "home" feeding before arriving

- On Demand Every _____ hours
- Specific Times: _____ _____ _____ _____

Bottle Amount:

_____ ounces

Bottle Temperature (Please Check Appropriate Box):

- Cold Warm Room Temp

Bottle Type (Please Check Appropriate Boxes):

- Breast Milk Formula (Type: _____)
- Juice Other _____

Solid Food (Please Check Appropriate Boxes):

Breakfast:

- Mini Texans Meal Parent Brings

Lunch:

- Mini Texans Meal Parent Brings

Snack:

- Mini Texans Meal Parent Brings

Special Instructions:

Parent's Signature: _____