



Willow Bend Learning Center

3900 W. Park Blvd, Plano, TX 75075
Ph: 972-867-1871; Fax: 972-964-7097; E-Mail: willowbend@aol.com



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INFANTS: PARENT INSTRUCTION SHEET

Stage 3 Meals (up to 15 months)

For Babies on Formula/Breast Milk AND Home+Center Meal combo

Parents, please update this information on the 1st of every month. This is not a daily sheet.

Date: _____ For the month of: _____
Child's Name: _____ Date of Birth: _____

Feeding Schedule For Babies on Formula/Breast Milk AND Home+Center Meal combo

(Parents, please fill out ONLY if your child is on Stage 3 Meals. Do NOT fill if your child is on ALL table foods.)

- Up to the age of 15 months, your baby may eat a home/school meal combo.
- You may leave home-brought meals or beverages in the Infant C refrigerator, until your child is 15 months
- Breakfast is served at 8:00 am, Lunch at 11:30 am, PM snack at 2:45 pm.
- If your child is hungry, sleeping, or waiting their turn, the feeding time may be adjusted up to ±25 minutes.
- Milk/formula is given at/after each meal.
- Once your baby is on **table foods**, we will follow the school mealtimes and the school menu.
- **Infants, who are walking**, cannot be given a bottle/cup after 3:00 pm.
- **After 15 months**, you must choose between Home or Center Meals as per our policy.
- **After 15 months**, the office must be notified if your child is on any special meal or beverage.
- **After 15 months**, all home lunches & lunch beverages must be left on the hallway trolley.
- **After 15 months**, only school juice/school water will be served.

My child is on: (check all that apply) () Formula. () Milk. () Bottle. () Sippy Cup.

My child can/cannot eat Table Foods or School Menu

In addition to table foods, my child is still on the following cereal and/or baby food:

Cereal: _____ Baby Food: _____

Allergic to/needs to avoid any food: _____

List any special requests for Breakfast (8:00 am)

List any special requests for Lunch (11:30 am)

List any special requests for PM Snack (2:45 pm)

My child is comforted by Pacifier: Yes _____ No _____

I do not [] give permission to apply diaper rash creams provided by me. (Permission is implied if not checked)

Special Notes/Concerns: _____

Parent Signature: _____

Teacher's Notes: _____

*** The Parent Instruction Sheet and the Daily Sheet depend on the feeding stage of your child, NOT on the class they are in.

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