Indiana Ave
BAPTIST CHURCH
WEEKDAY MINISTRY

Name: _____ Birthday: __/__/____

IABC Infant Feeding Schedule

Month of

□ September	□ October	□ November
□ December	□ January	□ February
□ March	□ April	□ May

Bottles

□ __ oz /every ___ hrs 1st feeding @ __:__

or

□ Times __:__ / ___ oz __:__ / ___ oz

__:__ / ___ oz __:__ / ___ oz

Baby food

□ Cereal – given @ _____

□ baby food – given @ _____

□ other: _____ - given @ _____

Other Feeding Instructions: _____

_____

_____