

Mechanicsburg Learning Center
4746 Delbrook Road
Mechanicsburg PA 17050
717-766-2436 option 1



Infant Feeding and Sleeping Schedule

Date: _____

Center Location: _____

Update Due: _____ (*update monthly*)

Child's Name: _____

Formula: _____

Feeding Time	Amount (Ounces)

Solid Foods

Feeding Time	Amount (Ounces)

Please wake my child up when it is time for a bottle/food: Yes No

Sleep (note nap times/duration): _____

Parent Signature: _____

Date: _____