



LITTLE BLOSSOMS MONTESSORI

14-08 ASTORIA PARK SOUTH, #1. ASTORIA, NEW YORK . 11102 (P) 212-203-9898

Provider: Little Blossoms Montessori

GFDC: _____

Feeding Schedule

For: _____
(Child's Name)

DOB: _____

I: _____
(Parent's Name)

I will supply Little Blossoms Astoria, with _____ bottles of prepared _____
(Name of Provider) (Name of Formula)

Formula, to be fed _____ times a day.

I give permission to the On-Site Provider to prepare _____ Formula
(Name of Formula)

for _____ bottles per day, to be fed for _____ times a day.

I will also provide:

_____ bottle/s of water, to be fed _____ times a day,

_____ bottle/s of juice, to be fed _____ times a day,

_____ yogurts, to be fed _____ times a day,

_____ pureed fruit, to be fed _____ times a day,

_____ Cereal, to be fed _____ times a day by spoon.

Additional Comments:

PARENT/GUARDIAN SIGNATURE

DATE