



# LEWINSVILLE MONTESSORI

## **NIDO FEEDING SCHEDULE**

Please fill out the below form and return with your packet. If your child does not have a specific feeding schedule please write, "as needed". Thank you.

Child's Name:

\_\_\_\_\_Breastmilk

\_\_\_\_\_Formula (list brand name)

Feeding Schedule:

*\*Formula/Milk must be delivered pre-mixed, ready to use bottles that are clearly labeled.  
Additional formula/milk may be stored at the school for emergency purposes.*