



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.*