

I certify that the information of this form is true and correct to the best of my knowledge. Provider Signature:

Infant's Name: _____

Age: _____

Date of Birth: _____

Ready for Solids: _____

Check one:

I provide formula

Parent provides breastmilk

Parent breastfeeds on site

Parent provides formula

Brand of formula: _____

NOTE: Enrollment form needs to clearly indicate who is providing the breastmilk and/or formula

Age	Formula or Breast Milk	Variety of foods - as indicated by parents.		Formula or Breast Milk	Fruit/Vegetable Cereal/Grain	List Amount	Formula or Breast Milk	Variety of foods - as indicated by parents.		Formula or Breast Milk	Fruit/Vegetable Cereal/Grain	List Amount
		6-8 oz.	Infant Cereal/Meat/Meat Alt AND Fruit/Veg					6-8 oz.	Infant Cereal/Meat/Meat Alt AND Fruit/Veg			
0-5 months	4-6 oz.			4-6 oz.			4-6 oz.			4-6 oz.		
6-12 months	6-8 oz.			2-4 oz.			6-8 oz.			2-4 oz.		
Date	Breakfast			AM Snack			Lunch			PM Snack		

Indicate item and amount served. Add solids when infant is developmentally ready. No Juices. Parent's can only bring 1 component.