

Infant Menu Record - Child Nutrition Services

Provider's Name: (print) _____

Month _____

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: YES NO

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		Formula or Breast Milk	Variety of foods - as indicated by parents.		Formula or Breast Milk	Fruit/Vegetable Cereal/Grain	
		4-6 oz.	6-8 oz.		4-6 oz.	6-8 oz.		4-6 oz.	6-8 oz.		4-6 oz.	6-8 oz.
0-5 months												
6-12 months												
Date		Breakfast		AM Snack				Lunch		PM Snack		
	F B			F B			F B			F B		
	F B			F B			F B			F B		
	F B			F B			F B			F B		
	F B			F B			F B			F B		
	F B			F B			F B			F B		
	F B			F B			F B			F B		
	F B			F B			F B			F B		
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	F B			F B			F B			F B		
	F B			F B			F B			F B		
	F B			F B			F B			F B		

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