

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.	IF Cereal/Meat 0-4 T.		Fruit/Veg 0-2 T.	4-6 oz.	2-4 oz.		Fruit/Veg 0-2 T.	Bread/Cereal	4-6 oz.		6-8 oz.	IF Cereal/Meat 0-4 T.	Veg/Fruit 0-2 T.	4-6 oz.	2-4 oz.	Fruit/Veg 0-2 T.	Bread/Cereal				
0-5 months	4-6 oz.				4-6 oz.				4-6 oz.				4-6 oz.											
6-12 months	6-8 oz.	IF Cereal/Meat 0-4 T.	Fruit/Veg 0-2 T.		2-4 oz.	Fruit/Veg 0-2 T.	Bread/Cereal		6-8 oz.	IF Cereal/Meat 0-4 T.	Veg/Fruit 0-2 T.		2-4 oz.	Fruit/Veg 0-2 T.	Bread/Cereal									
Date	Breakfast						AM Snack						Lunch						PM Snack					
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Indicate food item served. Add solids when infant is developmentally ready. No Juices. Parent's can only bring 1 component.