

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	
		IFI Cereal/Meat 0-4 T.	Fruit/Veg 0-2 T.		IFI Cereal/Meat 0-4 T.	Fruit/Veg 0-2 T.		IFI Cereal/Meat 0-4 T.	Fruit/Veg 0-2 T.		IFI Cereal/Meat 0-4 T.	Fruit/Veg 0-2 T.
0-5 months	4-6 oz.	—	—	4-6 oz.	—	—	4-6 oz.	—	—	4-6 oz.	—	—
6-12 months	6-8 oz.	IFI Cereal/Meat 0-4 T.	Fruit/Veg 0-2 T.	2-4 oz.	Fruit/Veg 0-2 T.	Bread/Cereal	6-8 oz.	IFI 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	
	F B			F B			F B			F B		
	F B			F B			F B			F B		
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