

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 & Bread/Cereal Grains at snacks only		Formula or Breast Milk	Variety of foods - as indicated by parents.		Formula or Breast Milk	Fruit/Vegetable & Bread/Cereal Grains at snacks only	
		_____	_____		_____	_____		_____	_____		_____	_____
0-5 months	4-6 oz.	_____	_____	4-6 oz.	_____		4-6 oz.	_____	_____	4-6 oz.	_____	
6-12 months	6-8 oz.	IFI Cereal/Meat 0-1/2 oz / 0-4 Tbs.	Fruit/Veg 0-2 T.	2-4 oz.	Fruit/Veg 0-2 T.	Bread/Cereal	6-8 oz.	IFI Cereal/Meat 0-1/2 oz / 0-4 Tbs.	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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Indicate food item served. Add solids when infant is developmentally ready. No Juices. Parent's can only bring 1 component.