

Infant Name	Provider Name			Provider Number	
Calendar Date:					
Breakfast (B)					
IFIFor Breast milk					
Fruit					
Iron Fortified Infant Cereal					
A.M. Snack (AM)					
IFIF/Breast milk					
*Juice (8 mo.& older)					
Optional					
Lunch (L)					
IFIFor Breast milk					
Fruit/Vegetable (no juice)					
Iron Fort Infant Cereal					
Meat/Meat alternate					
P.M. Snack (PM)					
IFIFor Breast milk					
*Juice (8mo & older)					
Optional					
Supper (S)					
IFIFor Breast milk					
Fruit/Vegetable (no juice)					
Iron Fortified Infant Cereal					
Meat/Meat Alternate					
Evening Snack (E)					
IFIFor Breast milk					
*Juice (8mo & older)					
Optional					
Cereals:	Juices:			Crackers:	

Parent Supplies formula: yes _____ no _____

Name of Formula Used _____

" I certify the information provided here is true and correct to the best of my ability."