



Child Care Food Program Infant Solids Feeding Form



Child Care Facility Name:	
Name of Infant to be Served:	
Birth date of Infant:	

I, _____, am the parent/guardian of the above named infant. The infant's age is within the 5-7 month age window during which solid foods may be introduced on the Child Care Food Program. I am requesting that my child be served foods checked below in addition to breastmilk and/or iron fortified formula. I have previously introduced these foods to my child.

Parent/guardian signature: _____ **Date:** _____

DATE	Infant cereal	DATE	Cottage cheese	DATE	Peas
	Beef		Yogurt		Potatoes/sweet potatoes
	Poultry		Bread		Squash
	Pork		Crackers		Applesauce
	Fish		Ready-to-eat cereal		Bananas
	Whole egg		Carrots		Mixed fruits
	Cooked dry beans/peas		Green beans		Peaches
	Cheese-regular		Mixed vegetables		Pears

Additional information:
