



Add infants' ATTENDANCE/MEAL COUNTS to the 1-12 page

Infant (ages 0-11months) Menu Form

Provider's Name:

Month/Year _____

Infants Enrolled - Full Names & Age	Infants Enrolled - Full Names & Age	Formula supplied by:
		PROVIDER <input type="checkbox"/>
		*PARENT <input type="checkbox"/>
		*Formula Waiver on File <input type="checkbox"/>

Day/Date: _____

Breakfast	IFIF				
	F/V				
	IFIC/Meat				
AM Snack	IFIF				
	OPT				
Lunch	IFIF				
	F/V				
	IFIC				
	MEAT EQUIV				
PM Snack	IFIF				
	OPT				
Dinner	IFIF				
	F/V				
	IFIC				
	MEAT EQUIV				
Ev Snack	IFIF				
	OPT				

Day/Date: _____

Breakfast	IFIF				
	F/V				
	IFIC/Meat				
AM Snack	IFIF				
	OPT				
Lunch	IFIF				
	F/V				
	IFIC				
	MEAT EQUIV				
PM Snack	IFIF				
	OPT				
Dinner	IFIF				
	F/V				
	IFIC				
	MEAT EQUIV				
Ev Snack	IFIF				
	OPT				

IFIF= Iron Fortified Infant Formula

IFIC=Iron Fortified Infant Cereal