

Infant Room Grocery List

CB _____

Mark the number of jars of baby food, formula, jugs of nursery water, and boxes of cereal you will need for the next **week** and return to me by: _____.

Baby foods:

Bananas _____ Peaches _____ Prunes _____ Pears _____ applesauce _____

Carrots _____ Peas _____ Green Beans _____ Squash _____ Sweet Potatoes _____

Spanish _____ Pork _____ Beef _____ Chicken _____ Turkey _____

Veal _____ Lamb _____ Ham _____

Cereal:

Rice _____ Oatmeal _____

Formula:

Type: _____ Number of cans _____

Type: _____ Number of cans _____

Type: _____ Number of cans _____

Type: _____ Number of cans _____

Nursery Water: _____ Gallons

Other: _____

Thanks, _____

Cook will give form to infant classroom every Wednesday and CBT will return to cook by designated date. Cook will make copy and give to site supervisor if she/he purchases any items.