

Infant Report from Parents (EHS under 2 years)

Complete with parent if child is not on all table foods

Child's Name _____ Class# _____ Teacher _____

Does your child take a bottle? Yes No

Parent will provide Breast Milk Parent will come to center and Breast Feed

PACT will provide Formula type _____

PACT will provide whole milk _____

Scheduled bottle times _____ Amount _____

(Parent needs to provide bottles labeled with name)

Does your child use a sippy cup? Yes No

***PACT does not serve juice.**

Put intake date in each box that is a food that child has been introduced to and have parent sign & date on first line below. As new foods are introduced, parent must date those when they can be introduced and resign and date.

rice cereal oatmeal cereal applesauce

bananas peaches pears prunes carrots

peas green beans squash sweet potatoes

beets spinach pork beef poultry

others _____

all soft table foods all foods

Parent signature _____ date _____

Parent signature _____ date _____

Parent signature _____ date _____

Parent signature _____ date _____

Parent signature _____ date _____

Changes in information about bottle/formula (types, times, amount)	Parent signature	date