

Name of child:	Date of Birth:	

Please check off all foods your child has had outside the center. We will continue the list as your child ages.

		<u>Fruits</u>	Onions
Dairy Products	<u>Grains</u>	Apples	Peas
American Cheese	Animal Crackers	Applesauce	Peppers
Cheddar Cheese	Bagels	Bananas	Potatoes
Cottage Cheese	Banana Bread	Blackberries	Spinach
Cream Cheese	Biter Biscuits	Blueberries	Summer Squash
Eggs	Cheerios	Cantaloupe	Sweet Potato
Margarine/ Butter	Cheez-Its	Grapes (cut)	Tomatoes
Mozzarella Cheese	Corn Flakes	Honey Dew Melon	Winter Squash
Parmesan Cheese	Club Crackers	Kiwi	Zucchini
 Yogurt	 Crispix	Mandarin Oranges	
	English Muffins	Mangoes	
Liquids:	Fig Newton's	Oranges	
Breastmilk	French Toast	Peaches	
Cow's milk	Gerber Puffs	Pears	<u>Miscellaneous</u>
— Formula	Graham crackers	Pineapple	Ketchup
 Juice(s)	— Kix	Prunes	Frostings
Rice Milk	— Muffins	Raspberries	Ranch Dressing
— Water	— Nilla Wafers	Strawberries	Pizza Sauce
		— Watermelon	BBQ Sauce
Meat/ Protein:	— Pancakes		 Mustard
Beef	Rice	<u>Vegetables</u>	 Mayonnaise
 Chicken	Rice Chex	Asparagus	Syrup
Fish Sticks	Rice Krispies	Avocados	Italian Seasoning
— Ham	Ritz Crackers	Broccoli	Strawberry Jelly
Pork	Wheat Pasta	Brussel Sprouts	Grape Jelly
 Turkey	Saltine Crackers	Carrots (cooked)	
Sun Butter	Tortillas	Cauliflower	
	— Waffles	Corn	Other:
Infant Cereal	Wheat Pasta	Cucumbers	
Oatmeal		Green Beans	
 Multi grain			
Rice			

My child _____, will be starting or has started eating baby food as of . I understand I will be updating their food list as they try new foods at home and understand my child will not be trying new foods unless I have given permission (up to 12 months). Please provide as much detail as you can about how you are transitioning your child from bottle fed to include baby food. (Please attach extra sheet if you need more space). **Teacher Initials** Parent/ Guardian Signature Date **We're moving on up!** My child _____ will be starting or has started eating finger food as of______. Please provide as much detail as you can about how you are transitioning your child from baby food include finger food. (Please attach extra sheet if you need more space). _____ Teacher Initials

Date

Bottle fed to Baby food! (Exciting times)

Parent/ Guardian Signature