

Children's Center

Name of child: $\qquad$ Date of Birth: $\qquad$

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

| Dairy Products | Grains | Fruits <br> Apples | $\square$ Onions $\square$ 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 | $\square$ Cheez-Its | Grapes (cut) | Tomatoes |
| Mozzarella Cheese | $\square$ Corn Flakes | Honey Dew Melon | $\square$ Winter Squash |
| Parmesan Cheese | Club Crackers | Kiwi | $\square$ Zucchini |
| Yogurt | $\square$ Crispix | Mandarin Oranges |  |
|  | English Muffins | Mangoes |  |
| Liquids: | $\square$ Fig Newton's | Oranges |  |
| Breastmilk | French Toast | Peaches |  |
| Cow's milk | Gerber Puffs | Pears | Miscellaneous |
| Formula | $\square$ Graham crackers | Pineapple | Ketchup |
| Juice(s) | Kix | Prunes | Frostings |
| Rice Milk | Muffins | Raspberries | Ranch Dressing |
| Water | $\square$ Nilla Wafers | Strawberries | $\square$ Pizza Sauce |
|  | $\square$ Whole Wheat Bread | $\square$ Watermelon | $\square \mathrm{BBQ}$ Sauce |
| Meat/ Protein: | $\square$ Pancakes |  | Mustard |
| Beef | $\square$ Rice | Vegetables | Mayonnaise |
| Chicken | $\square$ Rice Chex | Asparagus | $\square$ Syrup |
| Fish Sticks | $\square$ Rice Krispies | Avocados | Italian Seasoning |
| Ham | $\square$ Ritz Crackers | Broccoli | Strawberry Jelly |
| Pork | $\square$ Wheat Pasta | Brussel Sprouts | $\square$ Grape Jelly |
| Turkey | Saltine Crackers | Carrots (cooked) |  |
| Sun Butter | Tortillas | Cauliflower |  |
|  | Waffles | Corn | Other: |
| Infant Cereal | $\square$ Wheat Pasta | Cucumbers |  |
| Oatmeal |  | $\square$ Green Beans |  |
| Multi grain |  |  |  |
| Rice |  |  |  |

My child $\qquad$ , will be starting or has started eating baby food as
of $\qquad$ . 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).
$\overline{\text { Parent/ Guardian Signature }} \quad$ Date $\quad$ Teacher Initials

We're moving on up! My child $\qquad$ will be starting or has started eating finger food as of $\qquad$ .

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).
$\overline{\text { Parent/ Guardian Signature }} \quad$ Date $\quad$ Teacher Initials

