INFANT/TODDLER SUPPLY FORM

Date: _____ **Site:** _____ **Classroom:** _____

Standard Formula

Similac Advance _____

Similac Soy Isomil _____

Similac Total Comfort _____

Similac Spit Up _____

Similac Sensitive _____

Any "other" formula cannot be provided without pre-approval from a PNP.

Other: _____

Other: _____

Cereals

Rice _____

Oatmeal _____

Finger Foods

Cheerios _____

Saltine Crackers _____

Baby Foods

STAGE 1		**STAGE 2**	
Sweet Potatoes	_____	Sweet Potatoes	_____
Green Beans	_____	Green Beans	_____
Squash	_____	Squash	_____
Carrots	_____	Carrots	_____
Peas	_____	Peas	_____
Bananas	_____	Bananas	_____
Applesauce	_____	Applesauce	_____
Pears	_____	Pears	_____
Prunes	_____	Prunes	_____

Please fax or Email to Food Service one week in advance of delivery.
Food Office # 275-3700
Fax # 298-2588
Email krobinson@reachdane.org