

# 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

Sweet Potatoes \_\_\_\_\_

Green Beans \_\_\_\_\_

Squash \_\_\_\_\_

Carrots \_\_\_\_\_

Peas \_\_\_\_\_

Bananas \_\_\_\_\_

Applesauce \_\_\_\_\_

Pears \_\_\_\_\_

Peaches \_\_\_\_\_

### STAGE 2

Sweet Potatoes \_\_\_\_\_

Green Beans \_\_\_\_\_

Squash \_\_\_\_\_

Carrots \_\_\_\_\_

Peas \_\_\_\_\_

Bananas \_\_\_\_\_

Applesauce \_\_\_\_\_

Pears \_\_\_\_\_

Peaches \_\_\_\_\_

**Please fax or Email to Food Service one week in advance of delivery.**

**Food Office # 275-3700**

**Fax # 298-2588**

**Email krobinson@reachdane.org**