

**LEHIGH VALLEY CHILD CARE, INC.
INFANT MENU (BIRTH – 3 MONTHS)**

BREAKFAST AND AM/PM/EVE SNACK

MONTH/ YEAR _____ PROVIDER'S NAME _____
 CHILD'S NAME _____ TYPE(S) OF FORMULA _____
 DATE OF BIRTH _____ (MUST BE FORTIFIED WITH IRON)(BRAND NAME, EX INFAMIL, SIMILAC)
 **BREAST MILK MUST BE BOTTLE FED*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
AM/PM/EVE SNACK FORMULA/BREAST MILK**	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk
BREAKFAST 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
AM/PM/EVE SNACK FORMULA/BREAST MILK**	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk
BREAKFAST 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
AM/PM/EVE SNACK FORMULA/BREAST MILK**	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk
BREAKFAST 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
AM/PM/EVE SNACK FORMULA/BREAST MILK**	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk
BREAKFAST 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
AM/PM/EVE SNACK FORMULA/BREAST MILK**	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk	AM/PM/EVE Formula/Breast Milk

LUNCH/SUPPER

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
LUNCH 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
LUNCH 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
LUNCH 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
LUNCH 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk
LUNCH 4-6 OZ INFANT FORMULA/BREAST MILK**	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk	<input type="checkbox"/> Formula/Breast Milk