

LEHIGH VALLEY CHILD CARE, INC. INFANT MENU (4 – 7 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)
 TYPE(S) OF CEREAL _____

**BREAST MILK MUST BE BOTTLE FED*

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

LVCC REV 02/08

INFANT FORMULA IS REQUIRED UNTIL THE INFANT TURNS ONE YEAR OLD.

*A SERVING OF THIS COMPONENT IS REQUIRED ONLY WHEN THE INFANT IS DEVELOPMENTALLY READY TO ACCEPT IT.

WRITE IN WHAT KIND OF FOOD COPONENT ON THE LINE. (IF A CHILD IS EATING CEREAL OR FRUIT OR VEGETABLE.)

BE SURE TO HAVE PARENT DATE AND INITIAL DIET INFORMATION SHEET.

**LEHIGH VALLEY CHILDCARE, INC.
 INFANT MENU (4-7 MONTHS)
 LUNCH/SUPPER**

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)
 TYPE(S) OF CEREAL _____

LUNCH/SUPPER

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>LUNCH</u> <u>SUPPER</u> 4-8 OZ INFANT <u>FORMULA/BREAST</u> <u>MILK**</u> *INFANT CEREAL *FRUIT AND/OR <u>VEGETABLE</u>	<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 _____ _____ _____
<u>LUNCH</u> 4-6 OZ INFANT <u>FORMULA/BREAST</u> <u>MILK**</u>	<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 _____ _____ _____
<u>LUNCH</u> 4-6 OZ INFANT <u>FORMULA/BREAST</u> <u>MILK**</u>	<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 _____ _____ _____
<u>LUNCH</u> 4-6 OZ INFANT <u>FORMULA/BREAST</u> <u>MILK**</u>	<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 _____ _____ _____
<u>LUNCH</u> 4-6 OZ INFANT <u>FORMULA/BREAST</u> <u>MILK**</u>	<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 _____ _____ _____