

# LEHIGH VALLEY CHILD CARE, INC. INFANT MENU (8 –11 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 \_\_\_\_\_

|   | MONDAY  | TUESDAY   | WEDNESDAY   | THURSDAY  | FRIDAY  |
|---|---|---|---|---|---|
| BREAKFAST<br>6-8 OZ INFANT<br>FORMULA/BREAST<br>MILK**<br>INFANT CEREAL<br>FRUIT AND/OR<br>VEGETABLE<br><br>AM/PM/EVE SNACK<br>FORMULA/BREAST<br>MILK OR FRUIT<br>JUICE | <input type="checkbox"/><br>Formula/Breast Milk<br>Infant Cereal<br>_____<br>frt/veg _____<br><br>ams _____<br>pms _____<br>evs _____ | <input type="checkbox"/><br>Formula/Breast Milk<br>Infant Cereal<br>_____<br>frt/veg _____<br><br>ams _____<br>pms _____<br>evs _____ | <input type="checkbox"/><br>Formula/Breast Milk<br>Infant Cereal<br>_____<br>frt/veg _____<br><br>ams _____<br>pms _____<br>evs _____ | <input type="checkbox"/><br>Formula/Breast Milk<br>Infant Cereal<br>_____<br>frt/veg _____<br><br>ams _____<br>pms _____<br>evs _____ | <input type="checkbox"/><br>Formula/Breast Milk<br>Infant Cereal<br>_____<br>frt/veg _____<br><br>ams _____<br>pms _____<br>evs _____ |
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**LVCC REV 02/08**

FOR BREAKFAST WRITE IN FRUIT AND OR VEGETABLE COMPONENTS, EX PEACHES, PEARS, CARROTS  
 FORMULA OR A JUICE IN REQUIRED FOR AM, PM, EV SNACKS WRITE IN ADDITIONAL COMPONENTS.

\* FOOD ITEM IS OPTIONAL (NOT REQUIRED)

INFANT CEREAL AND FORMULA IS REQUIRED UNTIL THE CHILD TURNS 12 MONTHS  
 LUNCH MENU ON OPPOSITE SIDE

**LEHIGH VALLEY CHILDCARE, INC.  
 INFANT MENU (8-11 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  |
|---|---|---|---|---|---|
| LUNCH<br>SUPPER<br>6-8 OZ INFANT<br>FORMULA/BREAST<br>MILK**<br>CEREAL/ OR<br>MEAT<br>FRUIT AND/OR<br>VEGETABLE | <input type="checkbox"/><br>FORMULA/<br>BREAST MILK<br><br>CEREAL/ MEAT<br>_____<br>FRUIT/ VEGETABLE<br>_____ | <input type="checkbox"/><br>FORMULA/<br>BREAST MILK<br><br>CEREAL/ MEAT<br>_____<br>FRUIT/ VEGETABLE<br>_____ | <input type="checkbox"/><br>FORMULA/<br>BREAST MILK<br><br>CEREAL/ MEAT<br>_____<br>FRUIT/ VEGETABLE<br>_____ | <input type="checkbox"/><br>FORMULA/<br>BREAST MILK<br><br>CEREAL/ MEAT<br>_____<br>FRUIT/ VEGETABLE<br>_____ | <input type="checkbox"/><br>FORMULA/<br>BREAST MILK<br><br>CEREAL/ MEAT<br>_____<br>FRUIT/ VEGETABLE<br>_____ |
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Meat or Infant cereal is required for lunch meal. Dinners are not creditable, the meat must just be meat, ex: chicken, turkey, and beef.

Circle cereal or meat which ever is being offered and write in type of meat.

Fruit and or a Vegetable are required for lunch meal. Write in the type of fruit and/or vegetable.