

LEHIGH VALLEY CHILD CARE, INC.
INFANT MENU (BIRTH - 3 MONTHS)
WEEKEND - BREAKFAST, & 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**

	SATURDAY	SUNDAY		SATURDAY	SUNDAY
BREAKFAST 6-8 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	BREAKFAST 6-8 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK
AM/PM/EVE SNACK FORMULA OR BREASTMILK	AM/PM/EVE formula/breast milk	AM/PM/EVE formula/breast milk	AM/PM/EVE SNACK FORMULA OR BREAST MILK	AM/PM/EVE formula/breast milk	AM/PM/EVE formula/breast milk
BREAKFAST 6-8 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	BREAKFAST 6-8 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK
AM/PM/EVE SNACK FORMULA OR BREAST MILK	AM/PM/EVE formula/breast milk	AM/PM/EVE formula/breast milk	AM/PM/EVE SNACK FORMULA OR BREAST MILK	AM/PM/EVE formula/breast milk	AM/PM/EVE formula/breast milk
BREAKFAST 6-8 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	BREAKFAST 6-8 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK
AM/PM/EVE SNACK FORMULA OR BREAST MILK	AM/PM/EVE formula/breast milk	AM/PM/EVE formula/breast milk	AM/PM/EVE SNACK FORMULA OR BREAST MILK	AM/PM/EVE formula/breast milk	AM/PM/EVE formula/breast milk

LUNCH

SUPPER

	SATURDAY	SUNDAY		SATURDAY	SUNDAY
LUNCH 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	SUPPER 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK
LUNCH 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	SUPPER 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK
LUNCH 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	SUPPER 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK
LUNCH 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	SUPPER 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK
LUNCH 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	SUPPER 4-6 OZ INFANT FORMULA/ BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK	FORMULA/ <input type="checkbox"/> BREAST MILK

