

**LEHIGH VALLEY CHILD CARE, INC.  
 INFANT MENU (4-7 MONTHS)  
 WEEKEND - BREAKFAST, LUNCH, SNACKS**

MONTH/YEAR \_\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_

PROVIDER'S NAME \_\_\_\_\_  
 TYPE(S) OF FORMULA \_\_\_\_\_  
 (MUST BE FORTIFIED WITH IRON) (BRAND NAME, EX: INFAMIL, SIMILAC)  
 TYPE(S) OF CEREAL \_\_\_\_\_  
 (BRAND NAME, EX: HEINZ, GERBER)

	SATURDAY	SUNDAY		SATURDAY	SUNDAY
BREAKFAST <u>6-8 OZ INFANT FORMULA</u>  AM/PM/EVE <u>SNACK FORMULA OR BREASTMILK</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____  AM/PM/EVE  _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	LUNCH <u>6-8 OZ INFANT FORMULA</u> <input type="checkbox"/>  <u>INFANT CEREAL AND/OR MEAT/ALT FRUIT AND/OR VEGETABLE</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  _____
BREAKFAST <u>6-8 OZ INFANT FORMULA</u>  AM/PM/EVE <u>SNACK FORMULA OR BREASTMILK</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____  AM/PM/EVE  _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	LUNCH <u>6-8 OZ INFANT FORMULA</u> <input type="checkbox"/>  <u>INFANT CEREAL AND/OR MEAT/ALT FRUIT AND/OR VEGETABLE</u>	FORMULA/ BREAST MILK  _____  _____	FORMULA/ BREAST MILK  _____  _____
BREAKFAST <u>6-8 OZ INFANT FORMULA</u>  AM/PM/EVE <u>SNACK FORMULA OR BREASTMILK</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	LUNCH <u>6-8 OZ INFANT FORMULA</u> <input type="checkbox"/>  <u>INFANT CEREAL AND/OR MEAT/ALT FRUIT AND/OR VEGETABLE</u>	FORMULA/ BREAST MILK  _____  _____	FORMULA/ BREAST MILK  _____  _____
BREAKFAST <u>6-8 OZ INFANT FORMULA</u>  AM/PM/EVE <u>SNACK FORMULA OR BREASTMILK</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	LUNCH <u>6-8 OZ INFANT FORMULA</u> <input type="checkbox"/>  <u>INFANT CEREAL AND/OR MEAT/ALT FRUIT AND/OR VEGETABLE</u>	FORMULA/ BREAST MILK  _____  _____	FORMULA/ BREAST MILK  _____  _____
BREAKFAST <u>6-8 OZ INFANT FORMULA</u>  AM/PM/EVE <u>SNACK FORMULA OR BREASTMILK</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ <input type="checkbox"/>  AM/PM/EVE  _____	LUNCH <u>6-8 OZ INFANT FORMULA</u> <input type="checkbox"/>  <u>INFANT CEREAL AND/OR MEAT/ALT FRUIT AND/OR VEGETABLE</u>	FORMULA/ BREAST MILK  _____  _____	FORMULA/ BREAST MILK  _____  _____

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WRITE IN YOUR ADDITIONAL COMPONENTS FOR LUNCH.

**LEHIGH VALLEY CHILD CARE, INC.**  
**INFANT MENU (4-7 MONTHS)**  
**WEEKEND SUPPER**

MONTH/YEAR \_\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_

PROVIDER'S NAME \_\_\_\_\_  
 TYPE(S) OF FORMULA \_\_\_\_\_  
 (MUST BE FORTIFIED WITH IRON) (BRAND NAME, EX: INFAMIL, SIMILAC)  
 TYPE(S) OF CEREAL \_\_\_\_\_  
 (BRAND NAME, EX: HEINZ, GERBER)

	SATURDAY	SUNDAY		SATURDAY	SUNDAY
<b>SUPPER</b> <b>6-8 OZ INFANT</b> <b>FORMULA</b>  <u>*INFANT</u> <u>CEREAL</u>  <u>*FRUIT</u> <u>AND/OR</u> <u>VEGETABLE</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____	<b>SUPPER</b> <b>6-8 OZ INFANT</b> <b>FORMULA</b>  <u>*INFANT</u> <u>CEREAL</u>  <u>*FRUIT AND/OR</u> <u>VEGETABLE</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____
<b>SUPPER</b> <b>6-8 OZ INFANT</b> <b>FORMULA</b>  <u>*INFANT</u> <u>CEREAL</u>  <u>*FRUIT</u> <u>AND/OR</u> <u>VEGETABLE</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____	<b>SUPPER</b> <b>6-8 OZ INFANT</b> <b>FORMULA</b>  <u>*INFANT</u> <u>CEREAL</u>  <u>*FRUIT AND/OR</u> <u>VEGETABLE</u>	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____	FORMULA/ BREAST MILK <input type="checkbox"/>  _____ _____ _____
<b>SUPPER</b> <b>6-8 OZ INFANT</b> <b>FORMULA</b>  <u>*INFANT</u> <u>CEREAL</u>  <u>*FRUIT</u> <u>AND/OR</u> <u>VEGETABLE</u>	FORMULA/ BREAST MILK <input type="checkbox"/> CEREAL/MEAT _____ FRUIT/VEGETABLE _____ _____	FORMULA/ BREAST MILK <input type="checkbox"/> CEREAL/MEAT _____ FRUIT/VEGETABLE _____ _____	<b>SUPPER</b> <b>6-8 OZ INFANT</b> <b>FORMULA</b>  <u>*INFANT</u> <u>CEREAL</u>  <u>*FRUIT AND/OR</u> <u>VEGETABLE</u>	FORMULA/ BREAST MILK <input type="checkbox"/> CEREAL/MEAT _____ FRUIT/VEGETABLE _____ _____	FORMULA/ BREAST MILK <input type="checkbox"/> CEREAL/MEAT _____ FRUIT/VEGETABLE _____ _____

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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 COMPONENT ON THE LINE. (IF A CHILD IS EATING CEREAL OR FRUIT OR VEGETABLE.)  
 BE SURE TO HAVE PARENT DATE AND INITIAL DIET INFORMATION SHEET.

