

**LEHIGH VALLEY CHILD CARE, INC.  
 INFANT MENU (8-11 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<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br><u>FRUIT AND OR VEGETABLE</u><br><br><u>AM/PM/EVE SNACK</u><br><u>FORMULA OR JUICE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | LUNCH<br><u>6-8 OZ INFANT FORMULA</u><br><br><u>INFANT CEREAL AND/OR</u><br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ |
| BREAKFAST<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br><u>FRUIT AND OR VEGETABLE</u><br><br><u>AM/PM/EVE SNACK</u><br><u>FORMULA OR JUICE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | LUNCH<br><u>6-8 OZ INFANT FORMULA</u><br><br><u>INFANT CEREAL AND/OR</u><br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ |
| BREAKFAST<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br><u>FRUIT AND OR VEGETABLE</u><br><br><u>AM/PM/EVE SNACK</u><br><u>FORMULA OR JUICE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | LUNCH<br><u>6-8 OZ INFANT FORMULA</u><br><br><u>INFANT CEREAL AND/OR</u><br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ |
| BREAKFAST<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br><u>FRUIT AND OR VEGETABLE</u><br><br><u>AM/PM/EVE SNACK</u><br><u>FORMULA OR JUICE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | LUNCH<br><u>6-8 OZ INFANT FORMULA</u><br><br><u>INFANT CEREAL AND/OR</u><br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ |
| BREAKFAST<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br><u>FRUIT AND OR VEGETABLE</u><br><br><u>AM/PM/EVE SNACK</u><br><u>FORMULA OR JUICE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | LUNCH<br><u>6-8 OZ INFANT FORMULA</u><br><br><u>INFANT CEREAL AND/OR</u><br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT <input type="checkbox"/><br><br>FRUIT/VEGETABLE _____<br><br>AM/PM/EVE _____ |

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MEAT OR INFANT CEREAL IS REQUIRED FOR LUNCH AND SUPPER MEAL.  
 DINNERS ARE NOT A CREDITABLE ITEM, THE MEAT MUST JUST BE A MEAT COMPONENT. EX.: CHICKEN, TURKEY  
 FRUIT AND OR A VEGETABLE IS REQUIRED FOR LUNCH AND SUPPER MEAL.  
 WRITE IN YOUR ADDITIONAL COMPONENTS FOR LUNCH.

**LEHIGH VALLEY CHILD CARE, INC.**  
**INFANT MENU (8-11 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  |
|---|---|---|---|---|---|
| SUPPER<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br>AND/OR<br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ | SUPPER<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br>AND/OR<br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ |
| SUPPER<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br>AND/OR<br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/ BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____    | FORMULA/ BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____    | SUPPER<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT CEREAL<br>AND/OR<br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u>           | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ |
| SUPPER<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT<br><u>CEREAL</u><br>AND/OR<br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u> | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ | SUPPER<br><u>6-8 OZ INFANT FORMULA</u><br><br>INFANT CEREAL<br>AND/OR<br><u>MEAT/ALT</u><br><u>FRUIT AND/OR</u><br><u>VEGETABLE</u>           | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ | FORMULA/<br>BREAST MILK <input type="checkbox"/><br><br>CEREAL/MEAT<br>_____<br><br>FRUIT/VEGETABLE<br>_____<br>_____ |

LVCC REV 01/05

FORMULA IS REQUIRED UNTIL THE INFANT TURNS ONE YEAR OLD.  
 MEAT/ MEAT ALTERNATE OR INFANT CEREAL IS REQUIRED UNTIL THE INFANT TURNS ONE YEAR OLD.  
 DINNERS ARE NOT CREDITABLE, THE MEAT ITEM MUST BE A MEAT COMPONENT; EX. TURKEY, BEEF, CHICKEN  
 A FRUIT AND OR A VEGETABLE IS REQUIRED FOR THE SUPPER MEAL.

