

**\*\*INFANT MENU 0- 3 MONTHS**

Prov/Cent Name \_\_\_\_\_ Infant Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 House Formula \_\_\_\_\_

**TO BE COMPLETED BY PARENT**

HOUSE FORMULA: Accept \_\_\_\_\_ Decline \_\_\_\_\_ Parent's Formula Choice \_\_\_\_\_ Breast Milk \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE						
MEAL	MENU ITEM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
LUNCH/SUPPER	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
AM/PM SNACK	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK

DATE						
MEAL	MENU ITEM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
LUNCH/SUPPER	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
AM/PM SNACK	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK

**INFANT MENU      0- 3 MONTHS**

Prov/Cent Name \_\_\_\_\_

Infant Name \_\_\_\_\_

DOB \_\_\_\_\_

DATE						
MEAL	MENU ITEM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>BREAKFAST</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
<b>LUNCH/SUPPER</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
<b>AM/PM SNACK</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK

DATE						
MEAL	MENU ITEM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>BREAKFAST</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
<b>LUNCH/SUPPER</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
<b>AM/PM SNACK</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK

DATE						
MEAL	MENU ITEM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>BREAKFAST</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
<b>LUNCH/SUPPER</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
<b>AM/PM SNACK</b>	4-6 OZ FORMULA/ BREAST MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK