

****INFANT MENU 8-11 MONTHS**

Prov/Cent Name _____ Infant Name _____ DOB _____
 House Formula _____

TO BE COMPLETED BY PARENT:

HOUSE FORMULA: Accept _____ Decline _____ Parent's Formula Choice _____ Breast Milk _____
 Provider provides food _____ Parent provides food _____

CIRCLE THOSE FOODS YOU WOULD ALLOW US TO SERVE YOUR CHILD:

CEREAL: RICE OATMEAL BARLEY OTHER _____

FRUIT: APPLESAUCE BANANAS PEACHES PEARS PRUNES OTHER _____

VEG: CARROTS GREEN BEANS SWEET POTATOES SQUASH PEAS OTHER _____

MEAT: BEEF CHICKEN TURKEY LAMB VEAL OTHER _____ SNACKS: CRACKER (NAME) BREAD INF BISCUITS/PUFFS

NOTES:

Parent's Signature _____ Date _____

DATE						
MEAL	MENU ITEM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	6-8 OZ FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	1-4 T. INF. CEREAL					
	1-4 T FRUIT &/OR VEG.					
LUNCH/SUPPER	6-8 OZ FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	2-4 T. INF. CEREAL OR					
	1-4 T. MEAT/MEAT ALT.					
	1-4 T. FRUIT &/OR VEG					
AM/PM SNACK	2-4 OZ. FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	0- ½ SLICE BREAD OR					
	0-2 CRACKERS					

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DATE						
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BREAKFAST	6-8 OZ FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	1-4 T. INF. CEREAL					
	1-4 T FRUIT &/OR VEG.					
LUNCH/SUPPER	6-8 OZ FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	2-4 T. INF. CEREAL OR 1-4 T. MEAT/MEAT ALT.					
	1-4 T. FRUIT &/OR VEG					
AM/PM SNACK	2-4 OZ. FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	0- ½ SLICE BREAD OR 0-2 CRACKERS					

DATE						
MEAL	MENU ITEM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	6-8 OZ FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	1-4 T. INF. CEREAL					
	1-4 T FRUIT &/OR VEG.					
LUNCH/SUPPER	6-8 OZ FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	2-4 T. INF. CEREAL OR 1-4 T. MEAT/MEAT ALT.					
	1-4 T. FRUIT &/OR VEG					
AM/PM SNACK	2-4 OZ. FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK	FORM/ B MILK
	0- ½ SLICE BREAD OR 0-2 CRACKERS					