

# INFANT MENU FORM

Child's Name \_\_\_\_\_ Age \_\_ Type of Formula \_\_\_\_\_

Provider Name \_\_\_\_\_ Provider Signature \_\_\_\_\_

Meal	0-3 Months	4-7 Months	8-11 Months	Monday	Tuesday	Wednesday	Thursday	Friday
<b>BREAKFAST</b>								
<i>Circle the ounce of formula served</i>								
1. Iron Fortifies Formula or Breast Milk	4-6 fl. oz.	4-8 fl. oz.	6-8 fl. Oz	4 6 8	4 6 8	4 6 8	4 6 8	4 6 8
2. Infant Cereal	n/a	0-3 tbsp	2-4 tbsp					
3. Fruit/Vegetable	n/a	n/a	1-4 tbsp					
<b>AM SNACK</b>								
<i>Circle the ounce of formula served</i>								
1. Iron Fortifies Formula or Breast Milk	4-6 fl. oz.	4-8 fl. oz.	2-4 oz or 2-4 oz.	4 6 8	4 6 8	4 6 8	4 6 8	4 6 8
2. Full Strength Juice	n/a	n/a						
3. Bread / Grain Crackers	n/a n/a	n/a n/a	0-1/2 Slice 0-2					
<b>LUNCH</b>								
<i>Circle the ounce of formula served</i>								
1. Iron Fortifies Formula or Breast Milk	4-6 fl. oz.	4-8 fl. oz.	6-8 fl. oz	4 6 8	4 6 8	4 6 8	4 6 8	4 6 8
2. Infant Cereal	n/a	(optional) 0-3 tbsp	2-4 tbsp and/or					
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans, Peas or Cheese, Cottage Cheese,	n/a	n/a	1-4 tbsp or 1/2-2 oz or 1-4 oz					
Fruit / Vegetable	n/a	(optional) 0-3 tbsp	1-4 tbsp					
<b>P.M. SNACKS</b>								
<i>Circle the ounce of formula served</i>								
1. Iron Fortifies Formula or Breast Milk	4-6 fl. oz.	4-8 fl. oz.	2-4 oz or 2-4 oz.	4 6 8	4 6 8	4 6 8	4 6 8	4 6 8
2. Full Strength Juice	n/a	n/a						
3. Bread / Grain Crackers	n/a n/a	n/a n/a	0-1/2 slice 0-3					
<b>SUPPER / DINNER</b>								
<i>Circle the ounce of formula served</i>								
1. Iron Fortifies Formula or Breast Milk	4-6 fl. oz.	4-8 fl. oz.	6-8 fl. oz	4 6 8	4 6 8	4 6 8	4 6 8	4 6 8
2. Infant Cereal	n/a	(optional) 0-3 tbsp	2-4 tbsp and/or					
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans, Peas or Cheese, Cottage Cheese,	n/a	n/a	1-4 tbsp or 1/2-2 oz or 1-4 oz					
Fruit / Vegetable	n/a	(optional) 0-3 tbsp	1-4 tbsp					
				<b>Formula Provided by:</b> _____				