

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

Provider Name _____

Infant Name _____

Formula Provider Offers _____

Date of Birth _____

TO BE COMPLETED BY PARENT:

____ parent accepts formula provider offers

____ parent accepts provider food when developmentally ready

____ parent supplies breast milk

____ parent supplies food when developmentally ready

____ parent supplies formula (please list type) _____

____ parent permission for table food when developmentally ready

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

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.					
	LETTER					
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					
LETTER						
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					
LETTER						

INFANT MENU 8-11 MONTHS

Provider Name _____ Infant Name _____ DOB _____

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.					
	LETTER					
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					
	LETTER					
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					
	LETTER					

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.					
	LETTER					
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					
	LETTER					
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					
	LETTER					