

Provider Name _____

Childs Name _____

Age _____

Month _____

Infant Menu

(6 weeks through 11 months)



BREAKFAST	Date / /	Date / /	Date / /	Date / /	Date / /
Formula /Breast Milk					
Infant Cereal					
Fruit and/or vegetables					
AM SNACK					
Formula /Breast Milk or Full Strength fruit juice					
Whole grain <u>or</u> enriched bread <u>or</u> cracker type product (optional)					
LUNCH					
Formula /Breast Milk					
Infant Cereal					
Strained meat or meat alternative					
Strained Fruit and/or Vegetable					
PM SNACK					
Formula /Breast Milk or Full Strength fruit juice					
Whole grain <u>or</u> enriched bread <u>or</u> cracker type product (optional)					
SUPPER					
Formula /Breast Milk					
Infant Cereal					
Strained meat or meat alternative					
Strained Fruit and/or Vegetable					
EVENING SNACK					
Formula /Breast Milk or Full Strength fruit juice					
Whole grain <u>or</u> enriched bread <u>or</u> cracker type product (optional)					