Promise Early Education Center Infant Menu

6-Weeks to 5 Months

Classroom: Week Of:

Enrolled Infant Name: Age:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Minimum amounts for 0-5 months,****6-11 months Indicated after food group.** | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast | **6-11 months 3 components** |  |  |  |  |  |
| **Breast Milk** or Formula 4-6 fl oz, 6-8 fl ozDO=doctor ordered substitute | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Vegetables, fruits, or****combination (**See infant meal pattern for amounts) |  |  |  |  |  |
| **Grains and/or****meat/meat alternates (**See infant meal pattern foramounts) |  |  |  |  |  |
| **Other****Non-reimbursable extra food items** |  |  |  |  |  |
| Lunch | **6-11 months 3 components** |  |  |  |  |  |
| **Breast Milk** or Formula 4-6 fl oz, 6-8 fl ozDO=doctor ordered substitute | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Vegetables, fruits, or****combination (**See infant meal pattern for amounts) |  |  |  |  |  |
| **Grains and/or****meat/meat alternates (**See infant meal pattern foramounts) |  |  |  |  |  |
| **Other****Non-reimbursable extra food items** |  |  |  |  |  |
| P.M. Snack | **6-11 months 3 components** |  |  |  |  |  |
| **Breast Milk** or Formula 4-6 fl oz, 2-4 fl ozDO=doctor ordered substitute | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4-6 fl. Oz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Vegetables, fruits, or****combination (**See infant meal pattern for amounts) |  |  |  |  |  |
| **Grain (**See infant meal pattern for amounts) |  |  |  |  |  |
| **Other****Non-reimbursable extra food items** |  |  |  |  |  |

FOR OFFICE USE ONLY: **Reviewed by: Date:** This institution is an equal opportunity provider.