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 oz  DO=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 for  amounts) | |  |  |  |  |  |
| **Other**  **Non-reimbursable extra food items** | |  |  |  |  |  |
| Lunch | **6-11 months 3 components** |  |  |  |  |  |
| **Breast Milk** or Formula 4-6 fl oz, 6-8 fl oz  DO=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 for  amounts) | |  |  |  |  |  |
| **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 oz  DO=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** | |  |  |  |  |  |

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