

Child Care & Development Council of Oswego County

**INFANT'S MENU FORM**

Provider Name: \_\_\_\_\_

Infant Name: \_\_\_\_\_

Month: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

6 months to 1st Birthday

Year: \_\_\_\_\_

Date	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____	Sunday _____
<b>Breakfast</b>							
Breast Milk or Formula							
Fruit and/or Vegetable							
Infant Cereal and/or							
Meat or Meat Alternate							
<b>AM Snack</b>							
Breast Milk or Formula							
Vegetable and/or Fruit							
Grains/Bread							
<b>Lunch</b>							
Breast Milk or Formula							
Vegetable and/or Fruit							
Infant Cereal and/or							
Meat or Meat Alternate							
<b>PM Snack</b>							
Breast Milk or Formula							
Vegetable and/or Fruit							
Grains/Bread							
<b>Supper</b>							
Breast Milk or Formula							
Vegetable and/or Fruit							
Infant Cereal and/or							
Meat or Meat Alternate							
<b>Evening Snack</b>							
Breast Milk or Formula							
Vegetable and/or Fruit							
Grains/Bread							