

**0-3 Months
Infant Daily Menu**

Center Name: _____ **Infant Name:** _____ **DOB:** _____
Center Formula: _____ **Formula Type:** _____ **Month of:** _____

Requirements for Infant Meal Pattern

Age	Breakfast	Lunch or Supper	Snack
0-3 mos.	4-6 fl. oz. breast milk or formula	4-6 fl. oz. breast milk or formula	4-6 fl. oz. breast milk or formula

Special Requirements: _____

Date	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Lunch/Supper	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Snack	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula

Date	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Lunch/Supper	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Snack	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula

Date	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Lunch/Supper	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Snack	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula

Instructions: Fill in top section completely. Fill in the amount of formula or breast milk in ounces or tbsp. Formula is iron-fortified unless medical note available.

Date					
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Lunch/Supper	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Snack	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula

Date					
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Lunch/Supper	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula
Snack	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula	_____ breast milk or formula