

4-7 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
4-7 mos.	4-8 fl. oz. breast milk or formula 0-3 tbsp. infant cereal	4-8 fl. oz. breast milk or formula 0-3 tbsp. infant cereal 0-3 tbsp. fruit and/or veg.	4-6 fl. oz. breast milk or formula

Special Requirements: _____

Date	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	____ breast milk or formula ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____
Lunch/ Supper	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____
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 ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____	____ breast milk or formula ____ infant cereal _____
Lunch/ Supper	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____	____ breast milk or formula ____ infant cereal _____ ____ fr./veg. _____
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. Specify the food served and fill in the amount in ounces or tbsp. Cereal and formula are iron-fortified unless medical note available.

