

Child Care Consultants, Inc. Infant's Name: _____ Infant's Age ___ months Signature: _____ Month/Year: _____ Name: _____

29 North Duke Street

York, PA 17401 **Infant AM or PM Snack**

Infant Lunch or Supper

Infant AM, PM or Eve Snack

DATE	FORMULA* or BREAST MILK* or JUICE* 8-11 months	BREAD / ALTERNATE** Required at 8 months ½ slice bread or 1-2 crackers	FORMULA* or BREAST MILK*	INFANT CEREAL* 4 - 7 months Required at 8 months INFANT CEREAL* and/or MEAT*	FRUIT / VEG* 4 – 7 months Required at 8 months	FORMULA* or BREAST MILK* or JUICE 8-11 months	BREAD / ALTERNATE** Required at 8 months ½ slice bread or 1-2 crackers
01	OZ.		OZ.	tbsp.	tbsp.	OZ.	
02	OZ.		OZ.	tbsp.	tbsp.	OZ.	
03	OZ.		OZ.	tbsp.	tbsp.	OZ.	
04	OZ.		OZ.	tbsp.	tbsp.	OZ.	
05	OZ.		OZ.	tbsp.	tbsp.	OZ.	
06	OZ.		OZ.	tbsp.	tbsp.	OZ.	
07	OZ.		OZ.	tbsp.	tbsp.	OZ.	
08	OZ.		OZ.	tbsp.	tbsp.	OZ.	
09	OZ.		OZ.	tbsp.	tbsp.	OZ.	
10	OZ.		OZ.	tbsp.	tbsp.	OZ.	
11	OZ.		OZ.	tbsp.	tbsp.	OZ.	
12	OZ.		OZ.	tbsp.	tbsp.	OZ.	
13	OZ.		OZ.	tbsp.	tbsp.	OZ.	
14	OZ.		OZ.	tbsp.	tbsp.	OZ.	
15	OZ.		OZ.	tbsp.	tbsp.	OZ.	
16	OZ.		OZ.	tbsp.	tbsp.	OZ.	
17	OZ.		OZ.	tbsp.	tbsp.	OZ.	
18	OZ.		OZ.	tbsp.	tbsp.	OZ.	
19	OZ.		OZ.	tbsp.	tbsp.	OZ.	
20	OZ.		OZ.	tbsp.	tbsp.	OZ.	
21	OZ.		OZ.	tbsp.	tbsp.	OZ.	
22	OZ.		OZ.	tbsp.	tbsp.	OZ.	
23	OZ.		OZ.	tbsp.	tbsp.	OZ.	
24	OZ.		OZ.	tbsp.	tbsp.	OZ.	
25	OZ.		OZ.	tbsp.	tbsp.	OZ.	
26	OZ.		OZ.	tbsp.	tbsp.	OZ.	
27	OZ.		OZ.	tbsp.	tbsp.	OZ.	
28	OZ.		OZ.	tbsp.	tbsp.	OZ.	
29	OZ.		OZ.	tbsp.	tbsp.	OZ.	
30	OZ.		OZ.	tbsp.	tbsp.	OZ.	
31	OZ.		OZ.	tbsp.	tbsp.	OZ.	

*amount served must be indicated. ** Write the amount of crackers, toast, etc. served at snack.