

8-11 Months

Center:

Monday	Tuesday	Wednesday	Thursday	Friday
<div style="border: 1px solid black; padding: 10px; width: 80px; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">Sample Only</p> </div>	<p>Breakfast: Formula or Breast Milk ___oz at ___(time) Infant Cereal_____ Banana_____</p>	<p>Breakfast: Formula or Breast Milk ___oz at ___(time) Infant Cereal_____ Peaches_____</p>	<p>Breakfast: Formula or Breast Milk___oz at ___(time) Infant Cereal_____ Apricots_____</p>	<p>Parent/Staff Conferences</p>
	<p>Lunch: Formula or Breast Milk ___oz at ___(time) Infant Cereal___ OR Ham_____ Carrots_____</p>	<p>Lunch: Formula or Breast Milk ___oz at ___(time) Chicken_____ Broccoli_____</p>	<p>Lunch: Formula or Breast Milk___oz at ___(time) Mashed Beans____ Carrots___</p>	<p>The USDA and the State of Oregon are Equal Opportunity Providers and Employers</p>
	<p>Snack: Formula or Breast Milk ___oz at ___(time) Toast pieces_____</p>	<p>Snack: Formula or Breast Milk ___oz at ___(time) Ritz Crackers_____ Pears_____</p>	<p>Snack: Formula or Breast Milk___oz at ___(time) Bagel pieces_____</p>	
	<p>Additional Formula or Breast Milk___oz at ___(time)</p>	<p>Additional Formula or Breast Milk___oz at ___(time)</p>	<p>Additional Formula or Breast Milk___oz at ___(time)</p>	
<p style="font-size: 1.2em;">Sample Only</p>	<p>Comments:</p>	<p>Comments:</p>	<p>Comments:</p>	

Child's Name _____ Birthday _____ Week of November 1-4, 2005
 Formula _____

Offered Amounts:

Breakfast:
 6-8 oz. Breast Milk or Formula
 2-4 Tbsp Infant Cereal
 1-4 Tbsp Fruit/Vegetable

Snack:
 2-4 oz. Breast Milk, Formula
 * 0-1/2 slice Bread
 * 0-2 Crackers (* -Optional)

Lunch:
 6-8 oz. Breast Milk or Formula
 2-4 Tbsp Infant Cereal
 OR 1-4 Tbsp Meat, Poultry, Fish, Egg yolk,
 Cooked dry Beans or peas.
 1-4 Tbsp Fruit/Vegetable

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Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Applesauce _____	Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Peaches _____	Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Banana _____	Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Apricots _____	Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Pears _____
Lunch: Formula or Breast Milk ___ oz at ___ (time) Cooked Spinach _____ Green Beans _____	Lunch: Formula or Breast Milk ___ oz at ___ (time) Chicken _____ Broccoli _____	Lunch: Formula or Breast Milk ___ oz at ___ (time) Ground Beef _____ Peas _____	Lunch: Formula or Breast Milk ___ oz at ___ (time) Mashed Beans _____ Carrots _____	Lunch: Formula or Breast Milk ___ oz at ___ (time) Gr. Turkey _____ Carrots _____ Banana _____
Snack: Formula or Breast Milk ___ oz at ___ (time) Cheerios & Toast Pieces _____	Snack: Formula or Breast Milk ___ oz at ___ (time) Unsalted Saltines _____ Banana _____	Snack: Formula or Breast Milk ___ oz at ___ (time) Ritz Crackers Carrot _____	Snack: Formula or Breast Milk ___ oz at ___ (time) Soft Tortilla pieces _____	Snack: Formula or Breast Milk ___ oz at ___ (time) Unsalted Saltines _____
Additional Formula or Breast Milk ___ oz at ___ (time)	Additional Formula or Breast Milk ___ oz at ___ (time)	Additional Formula or Breast Milk ___ oz at ___ (time)	Additional Formula or Breast Milk ___ oz at ___ (time)	Additional Formula or Breast Milk ___ oz at ___ (time)
Comments: <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">Sample Only</div>	Comments:	Comments:	Comments:	Comments:

Child's Name _____ Birthday _____
 Formula _____

Week of November 14-18, 2005

Offered Amounts: Breakfast: 6-8 oz. Breast Milk or Formula 2-4 Tbsp Infant Cereal 1-4 Tbsp Fruit/Vegetable	Snack: 2-4 oz. Breast Milk or Formula * 0-1/2 slice Bread * 0-2 Crackers (* -Optional)	Lunch: 6-8 oz. Breast Milk or Formula 2-4 Tbsp Infant Cereal OR 1-4 Tbsp Meat, Poultry, Fish, Egg yolk, Cooked dry Beans or peas. 1-4 Tbsp Fruit/Vegetable
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Center:

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Peaches _____	Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Apricots _____	Breakfast: Formula or Breast Milk ___ oz at ___ (time) Infant Cereal _____ Banana _____	Holiday	Holiday
Lunch: Formula or Breast Milk ___ oz at ___ (time) Mashed Beans _____ Broccoli _____	Lunch: Formula or Breast Milk ___ oz at ___ (time) Chicken _____ Peas _____	Lunch: Formula or Breast Milk ___ oz at ___ (time) Gr. Beef, Mashed Beans Carrot		
Snack: Formula or Breast Milk ___ oz at ___ (time) Ritz Crackers _____	Snack: Formula or Breast Milk ___ oz at ___ (time) Banana & Toast pieces _____	Snack: Formula or Breast Milk ___ oz at ___ (time) Soft Bread Stick pieces _____		
Additional Formula or Breast Milk ___ oz at ___ (time)	Additional Formula or Breast Milk ___ oz at ___ (time)	Additional Formula or Breast Milk ___ oz at ___ (time)		
Comments:	Comments:	Comments:	Comments:	Comments:
Sample Only				

Child's Name _____ Birthday _____ Week of November 21-25, 2005
 Formula _____

Offered Amounts:		
Breakfast: 6-8 oz. Breast Milk or Formula 2-4 Tbsp Infant Cereal 1-4 Tbsp Fruit/Vegetable	Snack: 2-4 oz. Breast Milk or Formula * 0-1/2 slice Bread * 0-2 Crackers	Lunch: 6-8 oz. Breast Milk or Formula 2-4 Tbsp Infant Cereal OR 1-4 Tbsp Meat, Poultry, Fish, Egg yolk, Cooked dry Beans or peas.
	(* -Optional)	

8-11 Months

Center:

Breakfast: Formula or Breast Milk ___oz at ___(time) Infant Cereal_____ Pears_____	Breakfast: Formula or Breast Milk ___oz at ___(time) Infant Cereal_____ Applesauce_____	Breakfast: Formula or Breast Milk ___oz at ___(time) Infant Cereal_____ Banana_____	
Lunch: Formula or Breast Milk ___oz at ___(time) Pork & Peas	Lunch: Formula or Breast Milk ___oz at ___(time) Gr. Beef _____ Carrots_____	Lunch: Formula or Breast Milk ___oz at ___(time) Chicken_____ Broccoli_____	Sample Only
Snack: Formula or Breast Milk ___oz at ___(time) Unsalted Saltines_____	Snack: Formula or Breast Milk ___oz at ___(time) Ritz Crackers_____	Snack: Formula or Breast Milk ___oz at ___(time) Soft Tortilla pieces_____	
Additional Formula or Breast Milk ___oz at ___(time)	Additional Formula or Breast Milk ___oz at ___(time)	Additional Formula or Breast Milk ___oz at ___(time)	
Comments	Comments:	Comments	

Child's Name _____ Birthday _____ Week of November 28-30, 2005
 Formula _____

Offered Amounts:

Breakfast:
 6-8 oz. Breast Milk or Formula
 2-4 Tbsp Infant Cereal
 1-4 Tbsp Fruit/Vegetable

Snack:
 2-4 oz. Breast Milk or Formula
 * 0-1/2 slice Bread
 * 0-2 Crackers (* **-Optional**)

Lunch:
 6-8 oz. Breast Milk or Formula
 2-4 Tbsp Infant Cereal
 OR 1-4 Tbsp Meat, Poultry, Fish, Egg yolk,
 Cooked dry Beans or peas.
 1-4 Tbsp Fruit/Vegetable