

## 0-3 Months

**Center:** \_\_\_\_\_

**Week of** \_\_\_\_\_, \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)
<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)
<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)
<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)
<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Formula \_\_\_\_\_

**Offered Amounts:**

4-6 oz. Breast Milk or Formula

**Menu Code:**

F = Formula

EB = Expressed Breast Milk

BF = Breast Fed

PS = Parent Supplied. (Must be indicated each time a Parent Supplied formula or food item is fed to the child)

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<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Breakfast:</b> F / EB / BF / PS ____oz at ____ (time)
<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Lunch:</b> F / EB / BF / PS ____oz at ____ (time)
<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)	<b>Snack:</b> F / EB / BF / PS ____oz at ____ (time)
<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)	<b>Additional</b> F / EB / BF / PS ____oz at ____ (time)
<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>	<b>Comments:</b>

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Formula \_\_\_\_\_

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