

OCTOBER 2022

Child's Name: _____

Signature: _____

INFANT BREAKFAST

Mon	Tue	Wed	Thu	Fri
3 WHEAT PRUNES BREAST MILK/FORMULA	4 WHEAT PRUNES BREAST MILK/FORMULA	5 OATMEAL PEARS BREAST MILK/FORMULA	6 RICE BANANAS BREAST MILK/FORMULA	7 RICE BANANAS BREAST MILK/FORMULA
10 WHEAT PRUNES BREAST MILK/FORMULA	11 WHEAT PEACHES BREAST MILK/FORMULA	12 RICE BANANAS BREAST MILK/FORMULA	13 OATMEAL PEARS BREAST MILK/FORMULA	14 OATMEAL PEARS BREAST MILK/FORMULA
17 RICE BANANAS BREAST MILK/FORMULA	18 RICE BANANAS BREAST MILK/FORMULA	19 OATMEAL PEARS BREAST MILK/FORMULA	20 WHEAT PRUNES BREAST MILK/FORMULA	21 WHEAT PRUNES BREAST MILK/FORMULA
24 OATMEAL PEARS BREAST MILK/FORMULA	25 OATMEAL PEARS BREAST MILK/FORMULA	26 WHEAT PRUNES BREAST MILK/FORMULA	27 RICE BANANAS BREAST MILK/FORMULA	28 RICE BANANAS BREAST MILK/FORMULA
31 WHEAT PRUNES BREAST MILK/FORMULA				

_____ My Child can have the following food items that I have marked.

_____ My Child is not eating baby food only bottles.

USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

MENUS ARE SUBJECT TO CHANGE WITHOUT NOTICE PLEASE SEE PARENT BOARD FOR CHANGES