

**WEEKLY MEAL RECORD**  
**Individual Infant - Birth Through 3 Months**

SITE: \_\_\_\_\_

Month/Week/Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Formula Selection Form: \_\_\_\_\_ Code: \_\_\_\_\_

See the *Crediting Foods in the Child and Adult Care Food Program* book for a list of creditable foods and minimum amounts to feed infants.

	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVENING SNACK
	Formula or Breast Milk 4 - 6 oz.	Formula or Breast Milk 4 - 6 oz				
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						

This form must be used in combination with a point-of-service meal count sheet, i.e.; blue and white Record of Meals and Supplements Served forms.