

Name: _____

Month/Year: _____

Phone #: _____

REV. 01/17

Check Each Box Daily	Day/Date:	Day/Date:	Day/Date:	Day/Date:	Day/Date:
<u>Breakfast</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, Fluid					
Juice, Fruit or Vegetable					
*Bread/Bread Alternate OR					
Meat/Meat Alternate					
Optional 3x per week					
<u>A.M. Snack (select 2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Milk					
Meat or Meat Alternate					
Fruit or Juice					
Vegetable					
*Bread or Bread Alternate					
<u>Lunch</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, Fluid					
Fruit or Vegetable					
Vegetable					
Meat or Meat Alternate					
*Bread or Bread Alternate					
<u>P.M. Snack (select 2)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Milk					
Meat or Meat Alternate					
Vegetable					
Juice, Fruit or Vegetable					
*Bread or Bread Alternate					
<u>Supper</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, Fluid					
Fruit or Vegetable					
Vegetable					
Meat or Meat Alternate					
*Bread or Bread Alternate					

*Please indicate Whole Wheat(WW) or Whole Grain(WG) Products served