

MENU

Date: _____ to _____

AM SNACK	Monday	Tuesday	Wednesday	Thursday	Friday
Fruit or Vegetable					
2nd food group					
LUNCH					
Meat/Alternate					
Bread/Alternate					
Fruit or Vegetable					
Milk/Alternate					
PM SNACK					
Fruit or Vegetable					
2nd food group					

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2nd food group					
LUNCH					
Meat/Alternate					
Bread/Alternate					
Fruit or Vegetable					
Milk/Alternate					
PM SNACK					
Fruit or Vegetable					
2nd food group					

Caregiver's Signature: _____

MENU

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