



SAMPLE Snack List

Name: _____

Please bring in snack items by: _____

**** When possible, organic, natural, low-sugar, and/or low-sodium/salt alternatives are preferred.****

Fruits	
Qty	Item
	Frozen Mango
	Fresh Oranges
	Fresh Pears
	Fresh Apples
	Fresh Bananas
	Natural/Unsweetend Applesauce
	Fresh Melon

Vegetables	
Qty	Item
	Fresh Cucumbers
	Fresh Zuccinni
	Fresh Green Beans
	Fresh Green Peppers
	Frozen Broccoli
	Frozen Cauliflower
	Frozen Lima Beans

Proteins & Grains	
Qty	Item
	Firm, Plain Tofu
	Black Beans
	Quinoa
	Dried Lentils
	Hummus *Nut Free*
	Brown Rice
	Corn/Rice Square Cereal *Gluten Free*