



MONTH _____ NAME _____ PHONE NUMBER _____ Date: _____

	Date:	Date:	Date:	Date:	Date:
BREAKFAST					
<input type="checkbox"/> Milk 1% Skim Whole					
<input type="checkbox"/> Fruit, Vegetable or Juice					
<input type="checkbox"/> Grain/Bread					
Meat or Alternate					
AM SNACK					
<input type="checkbox"/> Milk 1% Skim Whole					
<input type="checkbox"/> Fruit, Vegetable or Juice					
<input type="checkbox"/> Bread or Alternate					
<input type="checkbox"/> Meat or Alternate					
LUNCH					
<input type="checkbox"/> Milk 1% Skim Whole					
<input type="checkbox"/> Meat or Alternate					
<input type="checkbox"/> Vegetable					
<input type="checkbox"/> Vegetable or Fruit					
<input type="checkbox"/> Bread or Alternate					
Other (optional)					
PM SNACK					
<input type="checkbox"/> Milk 1% Skim Whole					
<input type="checkbox"/> Fruit, Vegetable or Juice					
<input type="checkbox"/> Bread or Alternate					
<input type="checkbox"/> Meat or Alternate					
DINNER					
<input type="checkbox"/> Milk 1% Skim Whole					
<input type="checkbox"/> Meat or Alternate					
<input type="checkbox"/> Vegetable					
<input type="checkbox"/> Vegetable or Fruit					
<input type="checkbox"/> Bread or Alternate					
Other (optional)					
EVENING SNACK					
<input type="checkbox"/> Milk 1% Skim Whole					
<input type="checkbox"/> Fruit, Vegetable or Juice					
<input type="checkbox"/> Bread or Alternate					
<input type="checkbox"/> Meat or Alternate					