

Sponsor Name: _____

Menu for the Week of _____ to _____



	MON	TUES	WED	THURS	FRI	SAT	SUN
BREAKFAST							
Grain/Bread							
Fruit/Vegetable							
Fluid Milk							
Extra							
LUNCH							
Meat/Meat Alternate							
Grain/Bread							
Fruit/Vegetable #1							
Fruit/Vegetable #2							
Fluid Milk							
Extra							
SNACK							
Component 1							
Component 2							
Extra							
SUPPER							
Meat/Meat Alternate							
Grain/Bread							
Fruit/Vegetable #1							
Fruit/Vegetable #2							
Fluid Milk							
Extra							

Required Statements

Whole milk is served to participants 12-23 months. Participants 24 months and older receive low-fat (1%) or fat-free (skim) milk.

Water is available upon request.

All juices served are 100% juice.