PROVIDER'S NAME_____ **WEEK BEGINNING**_____

MEAL PATTERN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast: Milk Juice/fruit/veg Bread/cereal Other	Milk _	Milk _	Milk _	Milk _	Milk _
Children Served/TOTAL					
A.M Snack: (select 2) Milk Meat/Meat alt. Juice/fruit/veg. Bread/cereal	_ _	_ _	_ _	_ _	_ _
Children Served/TOTAL					
Lunch: Milk Meat/Meat Alt. Veg. or fruit Veg. or fruit Bread	Milk _	Milk _	Milk _	Milk _	Milk _
Children Served/TOTAL					
P.M. Snack: (select 2) Milk Meat/Meat alt. Juice/fruit/veg. Bread/cereal	_ _	_ _	_ _	_ _	_ _
Children Served/TOTAL					
Supper: Milk Meat/Meat Alt. Veg. or fruit Veg. or fruit Bread	Milk _	Milk _	Milk _	Milk _	Milk _
Children Served/TOTAL					