

Center's Name: _____

Week Beginning: _____

Meal Pattern	Date:	Date:	Date:	Date:	Date:
Breakfast: Milk	Milk	Milk	Milk	Milk	Milk
Juice/Fruit/Veg.					
Bread/Cereal					
Other					
AM Snack: * (select 2 items)					
Milk					
Meat/Meat Alt.					
Juice/Fruit/Veg.					
Bread/Cereal					
Lunch: Milk	Milk	Milk	Milk	Milk	Milk
Meat/Meat Alt.					
Veg. or Fruit					
Veg. or Fruit					
Bread					
PM Snack: * (select 2 items)					
Milk					
Meat/Meat Alt.					
Juice/Fruit/Veg.					
Bread/Cereal					
Supper: Milk	Milk	Milk	Milk	Milk	Milk
Meat/Meat Alt.					
Veg. or Fruit					
Veg. or Fruit					
Bread					

*Snack only.... Items *must be* from two (2) different 'food component' groups. In addition, if Milk is selected for one snack component - no Fruit/Veg. juice is allowed.