

October 2020 LUNCH

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 APPLESAUCE CAULIFLOWER	2 APPLESAUCE CAULIFLOWER	3
4	5 BANANA SWEET POTATO	6 BANANA SWEET POTATO	7 PRUNES CARROTS	8 PEACHES BEANS	9 PEACHES BEANS	10
11	12 PRUNES CARROTS	13 PRUNES CARROTS	14 PEACHES BEANS	15 APPLESAUCE CAULIFLOWER	16 APPLESAUCE CAULIFLOWER	17
18	19 BANANA SWEET POTATO	20 BANANA SWEET POTATO	21 APPLESAUCE CAULIFLOWER	22 PEACHES BEANS	23 PEACHES BEANS	24
25	26 PRUNES CARROTS	27 PRUNES CARROTS	28 BANANA SWEET POTATO	29 APPLESAUCE CAULIFLOWER	30 APPLESAUCE CAULIFLOWER	31

Child's Name: _____

Signature: _____

Please check off items you DO want your child to have.

Parent will need to bring in a food item to replace any item not checked off.

October 2020 BREAKFAST

Child's Name: _____

Signature: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>Please check off items you DO want your child to have.</p> <p>Parent will need to bring in a food item to replace any item not checked off</p>				1 OATMEAL PEACHES	2 OATMEAL PEACHES	3
4	5 OATMEAL APPLESAUCE	6 OATMEAL APPLESAUCE	7 WHEAT PRUNES	8 RICE BANANA	9 RICE BANANA	10
11	12 WHEAT PRUNES	13 WHEAT PRUNES	14 OATMEAL APPLESAUCE	15 OATMEAL PEACHES	16 OATMEAL PEACHES	17
18	19 OATMEAL APPLESAUCE	20 OATMEAL APPLESAUCE	21 OATMEAL PEACHES	22 RICE BANANA	23 RICE BANANA	24
25	26 WHEAT PRUNES	27 WHEAT PRUNES	28 RICE BANANA	29 OATMEAL PEACHES	30 OATMEAL PEACHES	31

October 2020 PM SNACK

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>Please check off items you DO want your child to have.</p> <p>Parent will need to bring in food items to replace any item not checked off.</p>				1 CHEX SWEET POTATOES	2 CHEX SWEET POTATOES	3
4	5 TOASTED OATS CARROTS	6 TOASTED OATS CARROTS	7 GRAHAM CRACKERS CAULIFLOWER	8 PANCAKE BEANS	9 PANCAKE BEANS	10
11	12 GRAHAM CRACKERS CAULIFLOWER	13 GRAHAM CRACKERS CAULIFLOWER	14 PANCAKE BEANS	15 CHEX SWEET POTATOES	16 CHEX SWEET POTATOES	17
18	19 TOASTED OATS CARROTS	20 TOASTED OATS CARROTS	21 CHEX SWEET POTATOES	22 PANCAKE BEANS	23 PANCAKE BEANS	24
25	26 GRAHAM CRACKERS CAULIFLOWER	27 GRAHAM CRACKERS CAULIFLOWER	28 TOASTED OATS CARROTS	29 CHEX SWEET POTATOES	30 CHEX SWEET POTATOES	31

Child's Name: _____

Signature: _____

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Please check off items you DO want your child to have. Parent will need to bring in a food item to replace item not checked off.				1 BLUEBERRIES CAULIFLOWER TURKEY	2 BLUEBERRIES CAULIFLOWER TURKEY	3
4	5 PEARS PEAS CHICKEN	6 PEARS PEAS CHICKEN	7 ORANGES BEANS CHEESE	8 MIXED FRUIT ZUCCHINI GROUND BEEF	9 MIXED FRUIT ZUCCHINI GROUND BEEF	10
11	12 ORANGES BEANS CHEESE	13 ORANGES BEANS CHEESE	14 PEARS PEAS CHICKEN	15 BLUEBERRIES CAULIFLOWER TURKEY	16 BLUEBERRIES CAULIFLOWER TURKEY	17
18	19 PEARS PEAS CHICKEN	20 PEARS PEAS CHICKEN	21 BLUEBERRIES CAULIFLOWER TURKEY	22 MIXED FRUIT ZUCCHINI GROUND BEEF	23 MIXED FRUIT ZUCCHINI GROUND BEEF	24
25	26 ORANGES BEANS CHEESE	27 ORANGES BEANS CHEESE	28 MIXED FRUIT ZUCCHINI GROUND BEEF	29 BLUEBERRIES CAULIFLOWER TURKEY	30 BLUEBERRIES CAULIFLOWER TURKEY	31