

# July 2021 PM SNACK

Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<p>_____ My child can have the following food items that I have marked</p> <p>_____ My child is not eating baby food only bottles</p>				1 CRACKERS CARROTS	2 TOASTED OATS TOMATOES	3
4	5 CLOSED	6 TOASTED OATS ZUCCHINI	7 TOAST BEANS	8 CHEESE GREEN BEANS	9 RITZ CARROTS	10
11	12 CHEX MIXED VEGGIES	13 CHEX PEAS	14 RITZ ZUCCHINI	15 RITZ GREEN BEANS	16 TOAST CARROTS	17
18	19 CRACKERS GREEN BEANS	20 CHEESE MIXED VEGGIES	21 RITZ CARROTS	22 TOASTED OATS BEANS	23 TOASTED OATS MIXED VEGGIES	24
25	26 CHEX PEAS	27 CHEESE GREEN BEANS	28 RTZ BEANS	29 CRACKERS PEAS	30 TOAST PEAS	31