

OCTOBER 2021

Child's Name _____

P.M. SNACK

Signature _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 RITZ MIXED VEGGIES	2
3	4 CHEESE MIXED VEGGIES	5 CHEESE CARROTS	6 CHEX PEAS	7 CRACKERS TOMATOS	8 CRACKERS MIXED VEGGIES	9
10	11 TOAST TOMATOES	12 TOAST PEAS	13 TOASTED OATS TOMATOES	14 RITZ CARROTS	15 RITZ MIXED VEGGIES	16
17	18 CRACKERS PEAS	19 CRACKERS PEAS	20 CHEX GREEN	21 CHEESE TOMATOES	22 CHEESE MIXED	23
24	25 RITZ TOMATOES	26 RITZ PEAS	27 TOAST CARROTS	28 TOAST BEANS	29 TOASTED OATS ZUCCHIN	30

Menus are subject to change without notice.

_____ My Child can have the following food items that I have marked.

_____ My Child is not eating baby food only bottles.

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