



**DELAWARE PARENTS ASSOCIATION, INC.**

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PROVIDER'S NAME: \_\_\_\_\_

AGE GROUP \_\_\_\_\_ WEEK OF \_\_\_\_\_

MEAL PATTERN		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Juice/Fruit Veg.							
	Bread and/or Cereal							
	Other							
	<b>Children Served</b>							
A.M. Snack (Select 2)	Milk							
	Juice/Fruit Veg.							
	Bread and/or Cereal							
	Other							
	<b>Children Served</b>							
Lunch	Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Meat/Meat Alt.							
	Vegetable and/ Fruit x2							
	Bread							
	<b>Children Served</b>							
P.M. Snack (Select 2)	Milk							
	Meat/Meat alt.							
	Juice/Fruit/Veg							
	Bread/Cer.							
	<b>Children Served</b>							
Supper	Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Meat/Meat Alt.							
	Vegetable and/ Fruit							
	Bread							
	<b>Children Served</b>							