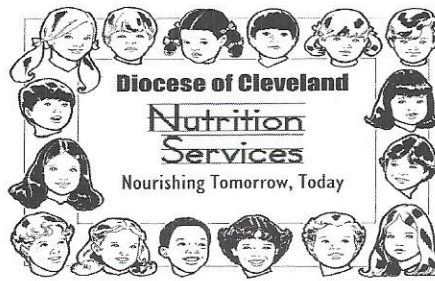


**Lunch Includes:**

- \*Main Item
- \*Vegetable Side
- \*Fruit Side
- \*1/2 Pint Milk



Price per lunch:  
\$3.00

If writing a check,  
please make  
payable to:  
DOC Nutrition  
Services

**LUNCH Menu** Correspond the cycle week to the color-coordinated calendar below. **August-December 2020**

CYCLE WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>1</b>	Cheeseburger Sliders  Seasoned Potato Wedges  Seasonal Fresh Fruit	Chicken Patty on a Bun  Baked Beans and Tossed Garden Salad  Applesauce Cup	Hamburger / Cheeseburger on a Bun  French Fries  Mixed Fruit	Chicken Tenders  Broccoli and Tossed Garden Salad  Fruit Cup	Cheese Stuffed Breadsticks with Dipping Sauce  Carrots  Seasonal Fresh Fruit
<b>2</b>	Chicken Nuggets with a Roll  Mixed Veggies  Fruit Yogurt Parfait	Mini Corn Dogs  Green Beans and Tossed Garden Salad  Seasonal Fresh Fruit	French Toast Sticks with Syrup  Tater Tots  Strawberry Cup	Chicken Patty on a Bun  Baked Beans and Tossed Garden Salad  Seasonal Fresh Fruit	Stuffed Crust Cheese Pizza  Carrot Sticks with Dip  Fruit Cup
<b>3</b>	Personal Pepperoni Pizza  Carrots Sticks with Dip  Seasonal Fresh Fruit	Popcorn Chicken and a Breadstick  Corn and Tossed Garden Salad  Pears	Hot Dog on a Bun  Baked Beans  Applesauce	Chicken Tenders  Potato Smiles and Tossed Garden Salad  Peaches	Mozzarella Sticks with Dipping Sauce  Green Beans  Seasonal Fresh Fruit
<b>4</b>	Riblets with a Roll  Baked Beans  Seasonal Fresh Fruit	Fiestada Pizza  Carrots and Tossed Garden Salad  Mixed Fruit	Popcorn Chicken with a Breadstick  French Fries  Applesauce Cup	Hamburger / Cheeseburger on a Bun  Broccoli and Tossed Garden Salad  Peaches	Mac & Cheese with a Pretzel Rod  Mixed Veggies  Seasonal Fresh Fruit



Substitutions of items may be necessary.

**This institution is an equal opportunity provider.**



**August 2020**

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**September 2020**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

**October 2020**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**November 2020**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**December 2020**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Week 1 Meal Plan

Week 2 Meal Plan

Week 3 Meal Plan

Week 4 Meal Plan

# Monthly Lunch/Milk Order Form

Student Name: \_\_\_\_\_

Room: \_\_\_\_\_

Grade: \_\_\_\_\_

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

# of Days Lunch Desired (Milk included with lunch) $\Rightarrow$	
Multiplied by Lunch Cost Paid \$3.00, Reduced 40¢ or Free	
Total Lunch Cost	
# of Days Milk Only Desired	
Multiplied by Milk Cost 50¢	
Total Milk Cost	
Grand Total (Lunch plus Milk)	

**If writing a check, please make payable to: DOC Nutrition Services**

DUE BY:  
OCT 16 2020

**Please place only one symbol per day:**

**L = Lunch**

**M = Milk only (milk is included with the lunch)**

## November 2020

Monday	Tuesday	Wednesday	Thursday	Friday
Week 4-Orange 2	3	4	5	6
Week 1-Blue 9	10	11	12	13
Week 2-Green 16	17	18	19	20
Week 3-Yellow 23	24	25	26	27
Week 4-Orange 30			<b>THANKSGIVING</b>	

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