



Breakfast Menu

Correspond the cycle week to the color-coordinated calendar below.

January-May 2021

CYCLE WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	Poptarts (Cinnamon or Strawberry) Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Assorted Bagels with Cream Cheese and Jelly Fruit Cup 100% Fruit Juice ½ Pt. Milk	Breakfast Bun Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Bowl of Cereal Fruit Cup 100% Fruit Juice ½ Pt. Milk	Cinnamon Roll Fruit Cup 100% Fruit Juice ½ Pt. Milk
2	Poptarts (Cinnamon or Strawberry) Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Bowl of Cereal Fruit Cup 100% Fruit Juice ½ Pt. Milk	Breakfast Muffin Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Assorted Bagels with Cream Cheese and Jelly Fruit Cup 100% Fruit Juice ½ Pt. Milk	Cinnamon Roll Fruit Cup 100% Fruit Juice ½ Pt. Milk
3	Poptarts (Cinnamon or Strawberry) Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Assorted Bagels with Cream Cheese and Jelly Fruit Cup 100% Fruit Juice ½ Pt. Milk	Breakfast Bun Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Bowl of Cereal Fruit Cup 100% Fruit Juice ½ Pt. Milk	Cinnamon Roll Fruit Cup 100% Fruit Juice ½ Pt. Milk
4	Poptarts (Cinnamon or Strawberry) Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Bowl of Cereal Fruit Cup 100% Fruit Juice ½ Pt. Milk	Breakfast Muffin Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Assorted Bagels with Cream Cheese and Jelly Fruit Cup 100% Fruit Juice ½ Pt. Milk	Cinnamon Roll Fruit Cup 100% Fruit Juice ½ Pt. Milk

Substitutions of items may be necessary.

This Institution is an equal opportunity provider.

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

S	M	T	W	T	F	S
31	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						

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			

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	1

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					

Week 1 Meal Plan
 Week 2 Meal Plan
 Week 3 Meal Plan
 Week 4 Meal Plan

Monthly Breakfast Order Form

Student Name: _____

Room: _____

Grade: _____

# of Days Breakfast Desired ➡	
Multiplied by Breakfast Cost Paid \$1.75, Reduced 30¢ or Free	
Total Breakfast Cost	

Parent Signature: _____

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

If your child chooses to order BREAKFAST, please place a check (✓) on the appropriate date(s).

January 2021 *Due Dec 11, 2020*

Monday	Tuesday	Wednesday	Thursday	Friday
				1 NEW YEAR'S DAY
Week 4-Orange	4	5	6	7
				8
Week 1-Blue	11	12	13	14
				15
18 MARTIN LUTHER KING DAY	Week 2-Green	19	20	21
				22
Week 3-Yellow	25	26	27	28
				29

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