



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 Free	
Total Breakfast Cost	0

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).

DUE BY:
APR 23 2021

May 2021

Monday	Tuesday	Wednesday	Thursday	Friday	
Week 1-Blue 3		4	5	6	7
Week 2-Green 10	11	12	13	14	
Week 3-Yellow 17	18	19	20	21	
Week 4-Orange 24	25	<i>Last Day for Breakfast</i>	26	27	28
31 MEMORIAL DAY					

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