

**DELAWARE PARENTS ASSOCIATION, INC.**

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WEEK BEGINNING \_\_\_\_\_

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

MEAL PATTERN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast: Milk Juice/fruit/veg Bread/cereal Other	Milk _____ _____ _____	Milk _____ _____ _____	Milk _____ _____ _____	Milk _____ _____ _____	Milk _____ _____ _____
Children Served/TOTAL					
A.M./Eve Snack: (select 2) Milk Meat/Meat alt. Juice/fruit/veg. Bread/cereal	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Children Served					
Lunch: Milk Meat/Meat Alt. Veg. or fruit Veg. or fruit Bread	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____
Children Served					
P.M. Snack (select 2) Milk Meat/Meat alt. Juice/fruit/veg. Bread	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Children Served					
Supper: Milk Meat/Meat Alt. Veg. or fruit Veg. or fruit Bread	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____
Children Served					