

**POST IN KITCHEN EACH WEEK**



**DELAWARE PARENTS ASSOCIATION**  
**418 S. GOVERNORS AVENUE**  
**DOVER, DE 19904**  
**(302) 678-9288 • 1-800-262-2080 (DE ONLY)**

**DAY CARE PROVIDER** \_\_\_\_\_

**WEEK OF:** \_\_\_\_\_ **LICENSE CAPACITY** \_\_\_\_\_ + \_\_\_\_\_

<b>MEAL PATTERN</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
Breakfast:            Milk Juice/Fruit/Veg Bread/Cereal Other:	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____
<b>Child's Letter</b>					
A.M. or Eve. Snack    Milk (Circle One) Meat/Meat alt.            (Select 2) Juice/Fruit/Veg Bread/Cereal	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____
<b>Child's Letter</b>					
Lunch:                    Milk Meat/Meat alt. Veg. or Fruit Veg. or Fruit Bread	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____
<b>Child's Letter</b>					
P.M. Snack    (Select2) Milk Meat/Meat alt. Juice/Fruit/Veg Bread/Cereal	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____
<b>Child's Letter</b>					
Supper:                    Milk Meat/Meat alt. Veg. or Fruit Veg. or Fruit Bread	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____	Milk _____ _____ _____ _____
<b>Child's Letter</b>					