



Breakfast
\$1.75
 If writing a check,
 please make
 payable to:
 DOC Nutrition
 Services

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

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.

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 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: _____

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

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				

✗ THANKSGIVING ✗

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