Teachable Moments Snack Menu

Monday	Tuesday	Wednesday	Thursday	Friday
<u>Morning:</u> All Classrooms: Pancakes & Jam (strawberry or grape) Pancakes contains: Wheat, Milk, Egg & Soy	<u>Morning:</u> All Classrooms: Cheerios (multi-grain, strawberry/banana or original) & Banana	<u>Morning:</u> Infants: Puffs (strawberry/apple, blueberry, or banana) & Applesauce Pouch Toddler- Preschool: Cereal Bar (blueberry, apple cinnamon or strawberry)	Morning: All Classrooms: Cheerios (multi-grain, strawberry/banana or original) & Banana	Morning: Infant: Waffles & Applesauce pouch Toddler-Preschool: Waffles & Applesauce Waffles contain: Wheat, Egg, Milk, and Soy
<u>Afternoon:</u> Infants: Puffs (strawberry apple, or blueberry, or banana) Toddler-Preschool: Veggie Straws & Applesauce Puffs contain: Wheat	Afternoon: Infants: Yogurt pouch (strawberry or blueberry) Toddler-Preschool: Goldfish & fruit (apples, strawberries, or watermelon) Yogurt contains: Milk Goldfish contains: Wheat & Milk	Puffs contain: Wheat Cereal Bar Contains: Wheat, Milk & Soy <u>Afternoon:</u> Infants: Cheerios (multi-grain, strawberry banana or original) Toddler-Preschool: Pirate Booty Pirate Booty contains: Milk	Afternoon: Infants: Puffs (strawberry apple, blueberry, or banana) Toddler-Preschool: Ritz Crackers, Cucumbers w/ Ranch Dressing Puffs contain: Wheat Ranch Dressing contains: Milk, Egg & Soy Ritz Cracker contains: Wheat and Soy	<u>Afternoon:</u> Infants: Yogurt pouch (strawberry or blueberry) Toddler-Preschool: Graham Crackers & Yogurt (strawberry, vanilla, or banilla) Yogurt contains: Milk Graham Crackers contain: Wheat and Soy

*** Whole milk will be offered to our Infant classroom and 2% Milk will be offered to our Toddler 1-Pre-K classrooms and will be served with morning snack. Water will be served with lunch and afternoon snack. Please pack a thermos of milk if you would like your child to have milk with lunch. ***A variety of berries are served seasonally and 100% no sugar added frozen fruit pops or frozen yogurt are served occasionally during the summer. Please circle items you do not want your child to have. Mark with an A if they are allergic.

Child's Name: _____

Parent Signature: _____ Date: _____