



Person Served (<i>please print</i>)	Week of (Sun-Sat inclusive)	Special Dietary Requirements / Allergies, etc.
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	Breakfast	A.M. Snack	Lunch	P.M. Snack	Dinner	Evening Snack
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						



Nutrition Report

Person Served (<i>please print</i>)	Week of (Sun-Sat inclusive)	Special Dietary Requirements / Allergies, etc.
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	Breakfast	A.M. Snack	Lunch	P.M. Snack	Dinner	Evening Snack
Sunday						
Monday						
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Wednesday						
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