

BAG BREAKFAST FORM



Mark off the items that you would like for your bag breakfast

Beverage	Main Item	Fruit
(CHOICE OF ONE)	(CHOICE OF ONE)	(CHOICE OF ONE)
Orange Juice ____	Bagel ____	Banana ____
Apple Juice ____	Cereal ____	Apple ____
Cranberry Juice ____	Kind of Cereal	Orange ____
Bottled Water ____	_____	Ind. Yogurt ____

Toppings	Cereal Accompaniment
Cream Cheese ____	Skim Milk ____
Peanut Butter ____	1% Milk ____
Jelly ____	
Butter ____	



Bag breakfasts may be picked up daily at dinner time

Name: _____
Card #: _____
Date Submitted: _____
Date to be picked up: _____
Time to be picked up: _____