

Sponsor Agreement # ____ - ____ - ____

Check One Age Group

STATE OF NEW JERSEY - DEPARTMENT OF AGRICULTURE
Division of Food and Nutrition Services
FAMILY DAY CARE FOOD PROGRAM

Sponsor _____

- Up to 4 months
- 1 up to 3 years
- 4 up to 8 months
- 3 up to 6 years
- 8 up to 12 months
- 6 up to 12 years

Registration _____

SAMPLE MENU

Meal Type	Required Components	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
		Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size
B R E A K F A S T	1. Milk														
	2. Juice, Fruit or Vegetable														
	3. Bread or Alternative														
<input type="checkbox"/> AM Select 2 of the 4 Components	1. Milk														
	2. Juice, Fruit or Vegetable														
	3. Bread or Alternative														
	4. Meat or Alternative														
L U N C H	1. Milk														
	2. Juice, Fruit or Vegetable														
	3. Fruit or Vegetable														
	4. Bread or Alternative														
	5. Meat or Alternative														
<input type="checkbox"/> PM Select 2 of the 4 Components	1. Milk														
	2. Juice, Fruit or Vegetable														
	3. Bread or Alternative														
	4. Meat or Alternative														
D I N N E R	1. Milk														
	2. Juice, Fruit or Vegetable														
	3. Fruit or Vegetable														
	4. Bread or Alternative														
	5. Meat or Alternative														
<input type="checkbox"/> EVE Select 2 of the 4 Components	1. Milk														
	2. Juice, Fruit or Vegetable														
	3. Bread or Alternative														
	4. Meat or Alternative														