









Breakfast January Elementary

- I ANIVIAA!		 	<u> </u>	
Monday	Tuesday	Wednesday	Thursday	Friday
NO SCHOOL	NO SCHOOL	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	CINNAMON BUN Juice Selection Fresh Fruit Choice of Milk
8 Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	9 Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	10 BREAKFAST PIZZA Juice Selection Fresh Fruit Choice of Milk	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	MAFFLES Juice Selection Fresh Fruit Choice of Milk
NO SCHOOL	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	17 BREAKFAST PIZZA Juice Selection Fresh Fruit Choice of Milk	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	PANCAKES Juice Selection Fresh Fruit Choice of Milk
Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	24 BREAKFAST PIZZA Juice Selection Fresh Fruit Choice of Milk	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	26 DONUT Juice Selection Fresh Fruit Choice of Milk
Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	Continental Breakfast Bar Juice Selection Fresh Fruit Choice of Milk	31 BREAKFAST PIZZA Juice Selection Fresh Fruit Choice of Milk		

Menu Subject to Change

Please discuss any food allergy issues concerning your child with Resident Director Jane Ferguson 724-662-5104 ext 23

No child will be discriminated against because of race, color, national origin, age or disability. If you believe you have been discriminated against because of race, color, national origin, age or disability. If you believe you have been discriminated against because of race, color, national origin, age or disability. If you believe you have been discriminated against because of race, color, national origin, age or disability. If you believe you have been discriminated against because of race, color, national origin, age or disability. If you believe you have been discriminated against because of race, color, national origin, age or disability. If you believe you have been discriminated against because of race, color, national origin, age or disability.

