



Capital
Health

Regional Nutrition
and Food Service



This resource has been developed by Registered Dietitians

Weekly Menu Planning

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Supper							
Activity							

Grocery List

Below is an example to get you started. Continue the list to fit your family's needs.

Grain Products	Fruit & Vegetable Products	Milk Products	Meat & Alternative Products
<input type="checkbox"/> Whole-Wheat Bread	<input type="checkbox"/> Bananas	<input type="checkbox"/> Milk	<input type="checkbox"/> _____
<input type="checkbox"/> Whole-Wheat Pitas	<input type="checkbox"/> Oranges	<input type="checkbox"/> Yogurt	<input type="checkbox"/> _____
<input type="checkbox"/> Brown Rice	<input type="checkbox"/> Apples	<input type="checkbox"/> Cheese (< 20% MF)	<input type="checkbox"/> _____
<input type="checkbox"/> Whole-Wheat Pasta	<input type="checkbox"/> Carrots	<input type="checkbox"/> Cottage Cheese	<input type="checkbox"/> _____
<input type="checkbox"/> Cereal	<input type="checkbox"/> Broccoli	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Oatmeal	<input type="checkbox"/> Lettuce Greens	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Whole-Wheat Flour	<input type="checkbox"/> Tomatoes	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Whole-Wheat Wraps	<input type="checkbox"/> Cucumbers	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Grapes	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other Foods
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Baking Powder
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Baking Soda
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Sugar
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Spices
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____