Child Nutrition Lunch Program

Participating Enrollment Form

❑ 1st Semester / August – December 2008

❑ 2nd Semester / January – May 2009

PLEASE FILL OUT AND RETURN TO CAFETERIA BY AUGUST 11, 2008

(Please print)

Parent(s) / Guardian(s) responsible for payment: _____

Mailing address: _____

Street City State Zip

E-Mail Address: _____

Telephone no.: _____ **Alternate no.: _____**

Child No.	*(Please Print) Child's Name & Lunch No.*	*Eating in Cafeteria*	*Lunch from Home*	*Homeroom Teacher's Name*
1				
2				
3				
4				
5				

Please make a choice of school lunch participation (or lunch from home) for August - December and/or January – May

Our food orders are made in advance, which enables us to purchase the correct quantity of food. Changes on a monthly basis will be honored **ONLY** with a doctor's note.

NOTE: If your child has an allergy, please notify the Cafeteria Manager to request a food allergy form. The form has to be filled out and signed by the doctor each year in order to provide substitutions for the food that a child is allergic to. It is your responsibility to request this form from the cafeteria and have it properly filled out and obtain the appropriate signatures.

Payment Options (please choose one):

❑ 1st Semester: $_____ ❑ 2nd Semester: $_____ ❑ Monthly: $_____ ❑ Yearly: $_____

I hereby commit to the 1st/2nd semester lunch program and agree to pay the full amount that is due, as stated above, with the following exceptions: (1) I submit a written doctor's excuse during the semester and (2) I withdraw my child from the school.

_____ _____

Parent Signature Date

EXTRA SALES--Students must pay for Breakfast, Juice and Milk if they participate, and any additional food items in advance by check or money order only. (See parent letter for more details)

Students cannot charge Extra Sale items. In order for your child to participate in Extra Sales, we are asking for your permission. No student will be allowed to purchase Extra Sale items without written permission from the parent.

❑ Yes, my child **can** participate ❑ No, my child **cannot** participate

_____ _____

Parent Signature Date