

SAINT DOMINIC SCHOOL

MONTHLY MILK AND JUICE ORDER FORM
FOR SEPTEMBER 2010

PLEASE MAKE ONE (1) SELECTION FOR THE MONTH AND FILL IN YOUR CHILD'S NAME AND GRADE THANK YOU. PLEASE COMPLETE A FORM FOR EACH CHILD IN THE FAMILY. THIS WILL HELP US IN DISTRIBUTING TO THE CORRECT CLASS. YOU MAY PAY WITH ONE CHECK, BUT PLEASE ATTACH CHECK TO THIS FORM IN AN ENVELOPE MARKED MILK/JUICE MONEY.

MILK COST IS \$.50 PER DAY PER CHILD.
JUICE COST IS \$.50 PER DAY PER CHILD.

MORNING SNACK

I WISH MY CHILD, _____ GRADE _____ TO HAVE
(PLEASE CHECK ONE, THIS IS TO BE FOR THE WHOLE MONTH)

- ___ WHOLE MILK
- ___ 1% MILK
- ___ CHOCOLATE MILK
- ___ JUICE

LUNCH TIME

PLEASE REVIEW THE HOT LUNCH CHOICES OFFERED. IF THERE ARE DAYS WHEN YOU DO NOT WISH THE HOT LUNCH THAT IS OFFERED, BUT DO WANT YOUR CHILD TO HAVE JUICE OR MILK, USE THE FOLLOWING FORM TO ORDER EITHER JUICE OR MILK FOR THOSE DAYS WHEN YOUR CHILD/REN WILL NOT TAKE THE HOT LUNCH OFFERED.

MILK COST IS \$.50 PER DAY PER CHILD.
JUICE COST IS \$.50 PER DAY PER CHILD

DURING LUNCH I WISH MY CHILD, _____
GRADE _____ TO HAVE
(PLEASE CHECK ONE, THIS IS TO BE FOR THE WHOLE MONTH)

- ___ MILK
- ___ JUICE

22 days x .50 = \$11.00 FOR Snack
20 days x .50 = \$10.00 FOR Lunch