St. Jerome School Milk Program & Hot Lunches...

Prepayment Order Form

Student Name: _____

Teacher: _____ **Grade:** _____

Parent / Guardian Signature: _____

Instructions:

If you wish to pre-order, please complete the following calendar for the month of February. Indicate white milk with a w, chocolate milk with a c, and specify the quantity on the appropriate days. While we will still accept daily orders for milk & hot lunches, we encourage you to consider this option, as it will help facilitate our ordering and availability.

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3 *Professional Activity Day*
6	7	8	9	10 Pizza Day 
13	14	15	16	17 Pizza Day 
20 *Family Day Holiday*	21	22	23	24 Pizza Day 
27	28	29 Subway Day SUBWAY eat fresh.		

Total # of *white* milk **x $ 1.00 = _____**

Total # of *chocolate* milk **x $ 1.00 = _____**

Total # of *pizza* **x $ 2.00 = _____**

Snack Program Donation **= _____**

Overall Total = _____

Note: Please return this form to the school by 9:00 a.m. on Tuesday, Jan. 31st.