

St. Jerome School Milk Program & 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 January. 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 & lunches, we encourage you to consider this option, as it will help facilitate our ordering and availability.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|---|----------|---|
| 11 | 12 | 13 | 14 | 15 Pizza Day  |
| 18 | 19 | 20 | 21 | 22 Pizza Day  |
| 25 | 26 | 27  | 28 | 29 Professional Activity Day |

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

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

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

Snack Contribution = _____

Overall Total = _____

Note: Please return this form to the school by 9:00 a.m. on Thursday, Jan. 7th.