

St. Jerome School Milk Program & Pizza

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 & 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 Professional Activity Day	28			

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 Tuesday, Jan. 31st.