

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 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 & hot lunches, we encourage you to consider this option, as it will help facilitate our ordering and availability.

Monday	Tuesday	Wednesday	Thursday	Friday
12	13	14	15	16 Pizza Day 
19	20	21	22	23 Pizza Day 
26	27	28 	29	30 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. 8th.