Monthly Breakfast Order Form

Student Name:	# of Days Breakfast Desired ⇨	
	Multiplied by Breakfast Cost Paid $1.75, Reduced .00¢ or Free	
Room:		
Grade:	Total Breakfast Cost	

Parent Signature: _____

If writing a check, please make payable to: DOC Nutrition Services

If your child chooses to order BREAKFAST, please place a check (✔) on the appropriate date(s).

May 2024 Due Date 4-19-24

Monday	Tuesday	Wednesday	Thursday	Friday
		1 Green	2	3
6 Yellow	7	8	9	10
13 Orange	14	15	16	17
20 Blue	21	22	23	24
27 MEMORIAL DAY	28 Green	29	30	31

This institution is an equal opportunity provider

Database Name: MonthlyParentOrderForms; Layout Name: Breakfast