

# Monthly Breakfast Order Form

Student Name: \_\_\_\_\_

Room: \_\_\_\_\_

Grade: \_\_\_\_\_

# of Days Breakfast Desired ➔

Multiplied by Breakfast Cost  
Paid \$1.50, Reduced 30¢ or Free

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).**

## August / September 2019

Monday	Tuesday	Wednesday	Thursday	Friday
<del>Aug 19</del>	<del>Aug 20</del>	<del>Aug 21</del>	<del>Aug 22</del>	<del>Aug 23</del>
<del>Aug 26</del>	<del>Aug 27</del>	Aug 28	Aug 29	Aug 30
Sept 2 LABOR DAY	Sept 3	Sept 4	Sept 5	Sept 6
Sept 9	Sept 10	Sept 11	Sept 12	Sept 13
Sept 16	Sept 17	Sept 18	Sept 19	Sept 20
Sept 23	Sept 24	Sept 25	Sept 26	<del>Sept 27</del>
Sept 30				

This institution is an equal opportunity provider

Database Name: MonthlyParentOrderForms; Layout Name: BreakfastAugSept