

# Monthly Breakfast Order Form

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

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

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

# of Days Breakfast Desired ↗	
Multiplied by Breakfast Cost Paid \$1.75, 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).**

## February 2021

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15 <span style="background-color: red; color: white; padding: 2px;">PRESIDENTS' DAY</span>	16	17	18	19
22	23	24	25	26

This institution is an equal opportunity provider