

Monthly Breakfast & Lunch Purchase Calendar

K-6

1. Check off the box beside each day your child will be eating Breakfast and/or Lunch at school.
2. PLEASE MARK AFTER EACH DAY YOUR CHILD IS BUYING AN EXTRA MAIN OR ALT. WITH A #2 IN THE BOX-4-6 GRADES ONLY
3. Total and Submit Payment along with "Purchase Calendar" each month. (One calendar for each student, but you may combine payments for your family).

***BREAKFAST-\$1.00/LUNCH-\$3.00-(FULL PRICE)----EXTRA MAIN/ALT \$1.75**

*** BREAKFAST-\$1.00/LUNCH-\$1.50-(REDUCED PRICE)----EXTRA MAIN/ALT \$1.75**

4. All cafeteria payments will be handled monthly*

*If your child decides to buy and you haven't already paid, submit payment with a marked envelope on the day of purchase. Include: NAME, GRADE, DATE, LUNCH and or BREAKFAST AND PAYMENT AMOUNT.

Student Name _____ Grade _____

(PLEASE PRINT)

Parent Signature: _____

***REMINDER: ALL BREAKFAST & LUNCH BILLS MUST BE PAID IN FULL MONTHLY.**

BREAKFAST-SEPTEMBER

Monday		Tuesday		Wednesday		Thursday		Friday	
3		4		5		6		7	
10		11		12		13		14	
17		18		19		20		21	
24		25		26		27		28	
TOTAL DAYS _____									
TOTAL DAYS X \$1.00= _____ (FULL PRICE)									

LUNCH-SEPTEMBER

Monday		Tuesday		Wednesday		Thursday		Friday	
3		4		5		6		7	
10		11		12		13		14	
17		18		19		20		21	
24		25		26		27		28	
TOTAL DAYS _____									
TOTAL DAYS X \$3.00= _____ (FULL PRICE) + _____ \$1.75 EXTRA MAIN/ALT(4-6 ONLY)= _____									
TOTAL DAYS x \$1.50= _____ (REDUCED PRICE) + _____ \$1.75 EXTRA MAIN/ALT(4-6 ONLY)= _____									
TOTAL ICE CREAM x \$1.00= _____									

TOTAL PAYMENT AMOUNT: BREAKFAST + LUNCH + ICE CREAM + EXTRA MAIN/ALT(4-6 ONLY) = \$ _____