DAILY MILK OR JUICE PROGRAM

START DATE: _____

Please fill out the form below if you would like your child to have cold milk with his/her daily lunch.

☐ White milk ☐ Chocolate milk ☐ Organic apple juice ☐ Organic fruit punch

The program runs January 3, 2017 - June 13, 2017. Please remit $84.00 wi th his/her completed form.

IMPORTANT INFORMATION

Please return completed forms and payment by: _____

Check (payable to Trevose Day School) or cash (exact change). Payment is to be in an envelope with the name of your child and teacher on the front.

_____ _____

CHILD TEACHER

☐ My child will not participate

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

Note: Please inform the school staff if your child has any food allergies.

TREVOSE DAY SCHOOL IS PROUD TO BE AN EQUAL OPPORTUNITY CARE PROVIDER AND EQUAL OPPORTUNITY EMPLOYER