



**Lunch Program Order Form**

Please select the hot meals you would like for your child(ren). Please indicate whether small, large or family portion for each meal. Each meal will include a side dish, fresh fruits and vegetables as well as 250ml white or chocolate milk. (Orange juice is available for dairy sensitive children.)

S – Small portion    L – Large Portion    F – Family Rate (use children’s names beside each meal if more than one child)

**Deadline Friday April 22, 2016**

**Family Name** \_\_\_\_\_

Date	Meal	Choic	Date	Meal	Choice
M May 2	Chicken Caesar wrap		Tu May 3	Pork kabobs	
W May 4	Tacos		Th May 5	Creamy Alfredo pasta	
F May 6	Pepperoni Pizza		M May 9	Deli sandwich	
Tu May 10	Beef Enchilada		W May 11	Grilled cheese	
Th May 12	Sweet and sour meatballs		F May 13	Pepperoni Pizza	
M May 16	Chicken Caesar wrap		Tu May 17	Pork kabobs	
W May 18	Tacos		Th May 19	Creamy alfredo pasta	
F May 20	Pepperoni Pizza		M May 23	VICTORIA DAY – NO SCHOOL	XXXXX
Tu May 24	Beef Enchilada		W May 25	Grilled cheese	
Th May 26	Sweet and sour meatballs		F May 27	Pepperoni Pizza	
M May 30	Chicken Caesar wrap		Tu May 31	Pork kabobs	
W June 1	Tacos		Th June 2	Creamy alfredo pasta	
M June 6	Deli sandwich		Tu June 7	Beef Enchiladas	
W June 8	Grilled cheese		Th June 9	Sweet and sour meatballs	
M June 13	Chicken Caesar wrap		Tu June 14	Pork kabobs	
W June 15	Tacos		Th June 16	Creamy alfredo pasta	
F June 17	Pepperoni pizza		M June 20	Deli sandwich	
Tu June 21	Beef Enchiladas		W June 22	Grilled cheese	
Th June 23	Hamburger / Hot dog				

\_\_\_\_\_ X \$4.25 small Portion = \$ \_\_\_\_\_

Please list all allergies / sensitivities

\_\_\_\_\_ X \$5.25 large Portion = \$ \_\_\_\_\_

\_\_\_\_\_ X \$11.00 Family Rate = \$ \_\_\_\_\_

subtract \_\_\_\_\_ x \$ \_\_\_\_\_ School function/ snowday *credit* (does not apply to family plan)

Total \$ \_\_\_\_\_

Family Name: \_\_\_\_\_

Name(s) and grade(s) of children included in the meal program \_\_\_\_\_