

**ST. PETERS LUNCH PROGRAM**  
**LUNCH, MORNING MILK and SNACK FEES**

Name	Grade	Food Allergy *
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*If your child has a food allergy/intolerance, I will need an allergy form filled out and signed by a doctor. Thank you.*

**3 yr. + 4 yr. old PRESCHOOL**

3 year old preschool yearly milk and snack fee: \$50.00 \_\_\_\_\_  
 4 year old preschool yearly milk and snack fee: \$75.00 \_\_\_\_\_  
 4 year old preschool lunch: \$3.00 per day (\$9.00 per week) x \_\_\_\_\_ = \_\_\_\_\_  
 4 year old preschool lunch per year \$324.00 \_\_\_\_\_

**K-8 LUNCH**

Grades K-8: \$3.00 per day (\$15.00 per week) x \_\_\_\_\_ = \_\_\_\_\_  
 Grades K-8: \$540.00 per year x \_\_\_\_\_ = \_\_\_\_\_

*\*Milk and snack fees must be paid before the start of each quarter.\**

**K-8 MORNING MILK**

Grades K-8/grading period: \$20.25 x \_\_\_\_\_ = \_\_\_\_\_  
 Grades K-8/yearly: \$81.00 x \_\_\_\_\_ = \_\_\_\_\_

**K-8 MORNING SNACK**

Grades K-8/grading period: \$20.25 x \_\_\_\_\_ = \_\_\_\_\_  
 Grades K-8/yearly \$81.00 x \_\_\_\_\_ = \_\_\_\_\_

**TOTAL AMOUNT DUE:** \_\_\_\_\_

Please pick **one** per child. My child/children, for **morning milk break**, would like:

NAME	WHITE MILK	CHOC.MILK
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Parent Signature: \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO ST. PETERS LUNCH PROGRAM.**  
**Mailing address: 108 W. Maple Street, Sturgeon Bay, WI 5423**