

ST. PETER'S 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: \$60.00 _____
 4 year old preschool **yearly milk and snack** fee: \$85.00 _____
 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 _____ = _____
 A single milk for those bringing cold lunch is \$.50 each payable at that time.

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

K-8 MORNING MILK

Grades K-8/grading period: \$22.50 x _____ = _____
 Grades K-8/yearly: \$90.00 x _____ = _____

K-8 MORNING SNACK

Grades K-8/grading period: \$22.50 x _____ = _____
 Grades K-8/yearly \$90.00 x _____ = _____

TOTAL AMOUNT DUE: _____

My child/children, for morning milk break, would like (**please pick one**):

NAME	WHITE MILK	CHOC.MILK
_____	<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. PETER'S LUNCH PROGRAM.
Mailing address: 108 W. Maple Street, Sturgeon Bay, WI 54235