



## Birthday Ice Cream Order Form

Parent will complete information below and submit **with payment** to the school office **at least two weeks prior to the event.**

**The cost is seventy-five cents (.75) per treat.** Payment may be made by cash, check or the student's REVTRAK cafeteria account.

School office staff will complete their section and submit to school nurse to enter dietary restrictions which may require an alternate treat.

A copy of the form will be submitted to the teacher. The original form with payment will be submitted to the Food and Culinary Services Manager.

### To Be Completed by Parent/Guardian

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Number of treats needed: \_\_\_\_\_ Cost: (.75 per treat) \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Method of Payment (Check One):  Cash  Check # \_\_\_\_\_  REVTRAK payment date: \_\_\_\_\_

**PLEASE NOTE: Any change due or over payment amounts will be credited to the student's cafeteria account. Also, if you are making payment by Revtrack and you have a negative balance, the payment is automatically applied to the negative amount first, so you will need to deposit sufficient funds to cover both the negative balance and the ice cream order amounts.**

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### THIS SECTION TO BE COMPLETED BY THE SCHOOL NURSE

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Students with known dietary restrictions (indicated on student health form)

Student Name	Dietary Restriction/Alternate Treat Needed
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ No known dietary restrictions requiring alternate treat for this classroom.

\_\_\_\_\_ (initial)Nurse Reviewed

\_\_\_\_\_ (initial)Copy to Teacher

\_\_\_\_\_ (initial)Submitted to FCS Manager with payment on \_\_\_\_\_ (date)



## Hoja de Pedido de Helados para Cumpleaños

Los padres deben llenar la siguiente información y enviarla junto **con el pago** a la oficina de la escuela **por lo menos dos semanas antes del evento.**

**El costo es setenta y cinco centavos (.75) por helado.** El pago puede hacerse en efectivo, con cheque o con la cuenta de la cafetería REVTRAK del estudiante.

El personal de la oficina escolar completará su sección y la entregará al personal de la enfermería escolar para anotar las restricciones dietéticas que puedan requerir una golosina alterna.

Se entregará una copia del formulario al maestro. El formulario original con el pago se entregará al Gerente de Servicios Alimentarios y Culinarios.

### Para Ser Completado por los Padres/Tutores

Nombre del Estudiante: \_\_\_\_\_

Maestro: \_\_\_\_\_ Fecha del Evento: \_\_\_\_\_

Número de Helados Requeridos: \_\_\_\_\_ Costo: (.75 cada helado) \_\_\_\_\_

Cantidad Pagada: \_\_\_\_\_

Forma de Pago (Marque uno):  Efectivo  # de Cheque \_\_\_\_\_  Fecha de Pago a REVTRAK: \_\_\_\_\_

**TENGA EN CUENTA:** Cualquier cambio debido o cantidades de pago en exceso se acreditarán a la cuenta de la cafetería del estudiante. Además, si usted está haciendo el pago por Revtrack y tiene un saldo negativo, el pago se aplica automáticamente primero a la cantidad negativa, por lo que tendrá que depositar fondos suficientes para cubrir tanto el saldo negativo como la cantidad del pedido de helado.

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**LA SIGUIENTE SECCIÓN SERÁ COMPLETADA POR EL PERSONAL DE ENFERMERÍA ESCOLAR**  
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Students with known dietary restrictions (indicated on student health form)

Student Name

Dietary Restriction/Alternate Treat Needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ No known dietary restrictions requiring alternate treat for this classroom.

\_\_\_\_ (initial) Nurse Reviewed

\_\_\_\_ (initial) Copy to Teacher

\_\_\_\_ (initial) Submitted to FCS Manager with payment on \_\_\_\_\_ (date)