

MEAL PLAN SUBSCRIPTION 2023-2024



Attachment/Додаток №1

2-4 Y.O. Price List & Food Service Options

OPTIONS		FULL LUNCH 2-4 Y.O.	BREAKFAST 2-4 Y.O.	AFTERNOON SNACK 2-4 Y.O.	FULL DAY 2-4 Y.O.
DESCRIPTION	SCHOOL DAYS	Main dish with 3 components drink, bread + soup.	fruits & one healthy snack	14:30 non-sweet snack + one healthy drink	Breakfast Full Lunch Afternoon Snack
Aug.-Sept.	26	5 720 UAH	2 860 UAH	2 860 UAH	11 440 UAH
October	17	3 740 UAH	1 870 UAH	1 870 UAH	7 480 UAH
November	20	4 400 UAH	2 200 UAH	2 200 UAH	8 800 UAH
December	11	2 420 UAH	1 210 UAH	1 210 UAH	4 840 UAH
January	18	3 960 UAH	1 980 UAH	1 980 UAH	7 920 UAH
February	17	3 740 UAH	1 870 UAH	1 870 UAH	7 480 UAH
March	19	4 180 UAH	2 090 UAH	2 090 UAH	8 360 UAH
April	20	4 400 UAH	2 200 UAH	2 200 UAH	8 800 UAH
May	19	4 180 UAH	2 090 UAH	2 090 UAH	8 360 UAH
June	13	2 860 UAH	1 430 UAH	1 430 UAH	5 720 UAH
FULL YEAR	180				

Conditions:

1. Meals cannot be purchased on a daily basis. There are monthly/yearly plans only.
2. If you have chosen the monthly plan, subscribe and pay until the 25th of the PREVIOUS month. If the payment is not complete on time, your subscription might be cancelled.
3. The payment is made in UAH. Monthly and yearly payments must be done via bank transfer.
4. The menus are available for KIS parents, students, teachers and other employees.
5. If your child has a special diet it's necessary to coordinate the diet requirements for your child with the cafeteria manager. In such a case, a diet-card is provided.
6. All children who are subscribed to the Diet-lunch program must bring their diet-card and show it to receive their lunch every day. This is MANDATORY.
7. Any changes in the student's meal plan can be made only from the first day of the next month. To change the meal plan send SMS +380503117187 or e-mail admin@sunnyside.com.ua

If you have any other questions, contact the Cafeteria Manager

Phone: +38 050 311 71 87

E-mail: admin@sunnyside.com.ua

Your Order

MONTHLY					
YEARLY					
Total					

FIRST NAME		DIETARY REQUIREMENTS
LAST NAME		
FATHER'S NAME		
MOTHER'S NAME		
HOME PHONE		
EMERGENCY PHONE		Excursion lunchbox yes ___ no ___
PARENT E-MAIL		DATE
CLASS/TEACHERS FULL NAME		I accept the conditions (SIGNATURE)