

MEAL PLAN SUBSCRIPTION 2023-2024



Attachment/Додаток №1

7 Y.O. + Price List & Food Service Options

OPTIONS		LUNCH 7 Y.O.+	SNACK BOX 7 Y.O. +	FULL DAY 7 Y.O. +	Snack-Bar Services
DESCRIPTION	SCHOOL DAYS	Main dish with 3 components, drink, dessert, bread + soup.	drink & one healthy snack	fruits + one healthy snack Full Lunch Main dish with 3 components, drink, dessert, bread + soup.	Debit Card
Aug.-Sept.	26	6 760 UAH	3 380 UAH	10 140 UAH	
October	17	4 420 UAH	2 210 UAH	6 630 UAH	
November	20	5 200 UAH	2 600 UAH	7 800 UAH	
December	11	2 860 UAH	1 430 UAH	4 290 UAH	
January	18	4 680 UAH	2 340 UAH	7 020 UAH	
February	17	4 420 UAH	2 210 UAH	6 630 UAH	
March	19	4 940 UAH	2 470 UAH	7 410 UAH	
April	20	5 200 UAH	2 600 UAH	7 800 UAH	
May	19	4 940 UAH	2 470 UAH	7 410 UAH	
June	13	3 380 UAH	1 690 UAH	5 070 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										
Issue card										50 UAH
First Deposit										
Total										
Card №										

FIRST NAME				DIETARY REQUIREMENTS	
LAST NAME					
FATHER'S NAME					
MOTHER'S NAME					
HOME PHONE					
EMERGENCY PHONE				Excursion lunchbox	
PARENT E-MAIL				DATE	
CLASS/TEACHERS FULL NAME				I accept the conditions (SIGNATURE)	