



CONVENIENT OPTIONS FOR SMART CELEBRATIONS!

**BIRTHDAYS
SPECIAL DAYS
ANY CLASSROOM CELEBRATIONS**

FROZEN TREATS \$1.00 EACH

ALL TREATS ARE BIG 9 ALLERGEN-FREE UNLESS INDICATED.

**SOUR CHERRY-LEMON SIDEKICK
STRAWBERRY-MANGO SIDEKICK
BLUE RASPBERRY-LEMON SIDEKICK
ASSORTMENT OF COOL TROPICS SLUSHIES**

AVAILABILITY OF ITEMS IS SUBJECT TO CHANGE DUE TO SUPPLY CHAIN DISRUPTIONS.

MEETS USDA REQUIREMENTS FOR SMART SNACKS IN SCHOOLS.

1. Complete order form found at fcsnutrition.com under School Nutrition Catering or on back of flyer.
2. Submit order and payment to cafe at least 2 days* in advance
*contact School Cafe Manager to confirm product availability.

NOTE: PER SCHOOL POLICY, NO OUTSIDE FOOD IS ALLOWED FOR DISTRIBUTION TO OTHER STUDENTS (NO CUPCAKES, COOKIE CAKES, OR FOOD OF ANY TYPE IS PERMITTED FOR CLASS DISTRIBUTION). PLEASE CONTACT OUR CAFETERIA MANAGER, ANN O'CONNOR, WITH ANY QUESTIONS AT OCONNORA1@FULTONSCHOOLS.ORG OR 470-254-4968.



SMART CELEBRATIONS ORDER FORM

submit completed form and payment to School Cafe
at least 2 days* in advance of celebration

*Please contact our cafe manager, Ann O'Connor, with any
questions & to confirm product availability *prior to celebration.*

Child's Name: _____

Teacher's Name: _____

Date of Celebration: _____

Contact Person: _____

Phone #: _____

Total number of treats requested: _____

FROZEN TREATS \$1.00 EACH

COMPLETE FLAVOR REQUEST BELOW:

SOUR CHERRY-LEMON SIDEKICK _____

STRAWBERRY-MANGO SIDEKICK _____

BLUE RASPBERRY-LEMON SIDEKICK _____

ASSORTMENT OF COOL TROPICS SLUSHIES _____

AVAILABILITY OF ITEMS IS SUBJECT TO CHANGE DUE TO SUPPLY CHAIN DISRUPTIONS.

Classroom Celebrations can now be purchased using
funds from your child's GENERAL lunch account!

Select form of payment:

Cash

Check

Child's General Account

Do any students in this class have a food allergy? Yes: ____ No: ____

If yes, *clearly* list the student(s) name and allergen(s): _____

**Manager MUST notify menus team if a student has a food allergy.*

For Manager Use Only:

Date of Deposit: _____ Treat Qty: _____ Celebration Time: _____

Manager, keep this order form for your records.

This institution is an equal opportunity provider.