



Classroom Celebration Snack Request Form

Please select the item(s) you wish to purchase and provide for your child's classroom celebration. Return the form **with payment** to your child's classroom teacher **two weeks prior** to date of celebration. Please note: NO EXCEPTIONS WILL BE MADE.

	<u>Description</u>	<u>Price (qty 24)</u>
<input type="checkbox"/>	Blue Raspberry (Gluten Free)	\$11.00
<input type="checkbox"/>	Rich's (Low Fat) Cookie Crunch Ice Cream Cone (Nut Free)	\$15.00
<input type="checkbox"/>	Rich's (Low Fat) Ice Cream Sandwich (Nut Free)	\$15.00
<input type="checkbox"/>	Linden's Chocolate Chippers Cookies	\$12.00
<input type="checkbox"/>	Baked Lays (Gluten Free)	\$16.00

Please submit check made out to **Region 14 Schools** along with the Classroom Celebration Snack Request Form.

School: _____	Total Payment Amount: _____
Teacher Name/Room # _____	Student's Name: _____
Date of Celebration: _____	Time of Celebration: _____
Parent Name: _____	Telephone: _____

Nutritional information and ingredient lists available by contacting
The Food Service Director at (203) 263-4330 x 1121

Last Revised August 6, 2024