

Waterford School District's...

Thomas Richards
Early Childhood Center

Lunch Order Form

Please fill out this form if you would like your student to receive lunch in school!
Ordering will be done on a monthly basis– refer to the monthly lunch menu to view daily selections @ www.schoolcafe.com/WaterfordTownshipSDNutriServe

LUNCH INCLUDES: Grain ~ Protein ~ Fruit ~ Veggie ~ Milk

Completed order forms **MUST** be returned by *October 31st*

You must pre-order with this form to guarantee a meal for your student.

Note: If your child qualifies for free or reduced breakfast or lunch a new application must be submitted every year!

Cut Here



November Monthly Order Form

Student (Full Name): _____ **Teacher's Name:** _____

**If found please return to teacher listed above!*

On the days you'd like your student to receive lunch for the month of November, check off entrée option A or B!

Week of Month	Monday	Tuesday	Wednesday	Thursday	Friday
November 01-03	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B
November 06-10					
November 13-17	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B
November 20-24	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B		
November 27-30	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	



IMPORTANT If you do NOT want your child to participate in the lunch program please check below.

I WOULD NOT like my student to receive lunch in school for the remainder of the month.

Please sign & date below.

Parent/Guardian Signature : _____ Date: ____ / ____ / ____

Christine Storey, Food Service Director : Call 856 767-8293 x5026 for Details or email : wat@nsfm.com