

MEAL PLAN SUBSCRIPTION 2025-2026



Attachment No1

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

OPTIONS		LUNCH	BREAKFAST	AFTERNOON SNACK	FULL DAY	Snack-Bar Services
DESCRIPTION	School Days	Main dish with 3 components, drink, dessert, bread + soup	Drink, fruit & one healthy snack	Drink, fruit & one healthy snack	LUNCH BREAKFAST AFTERNOON SNACK	Debit Card
		UAH	UAH	UAH	UAH	
August-September	28	9 688	4 844	4 844	19 376	
October	16	5 536	2 768	2 768	11 072	
November	18	6 228	3 114	3 114	12 456	
December	10	3 460	1 730	1 730	6 920	
January	19	6 574	3 287	3 287	13 148	
February	15	5 190	2 595	2 595	10 380	
March	21	7 266	3 633	3 633	14 532	
April	17	5 882	2 941	2 941	11 764	
May	18	6 228	3 114	3 114	12 456	
June	15	5 190	2 595	2 595	10 380	
FULL YEAR	177					

CONDITIONS:

1. Meals cannot be purchased on a daily basis. There are monthly plans only available.
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 payments must be done via bank transfer.
4. The menus are available for KIS students, parents, 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, please, 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 MEAL PLAN					
ISSUE DEBIT CARD					70 UAH

STUDENT'S NAME		DIETARY REQUIREMENTS	
STUDENT'S SURNAME			
FATHER'S NAME			
MOTHER'S NAME			
HOME PHONE			
EMERGENCY PHONE			
PARENT E-MAIL		DATE	
CLASS/TEACHERS FULL NAME			I ACCEPT THE CONDITIONS (SIGNATURE)