

MEAL PLAN SUBSCRIPTION 2026-2027



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	7	2 660	1 330	1 330	5 320	
September	22	8 360	4 180	4 180	16 720	
October	16	6 080	3 040	3 040	12 160	
November	18	6 840	3 420	3 420	13 680	
December	9	3 420	1 710	1 710	6 840	
January	19	7 220	3 610	3 610	14 440	
February	15	5 700	2 850	2 850	11 400	
March	22	8 360	4 180	4 180	16 720	
April	17	6 460	3 230	3 230	12 920	
May	19	7 220	3 610	3 610	14 440	
June	14	5 320	2 660	2 660	10 640	
FULL YEAR	178					

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