



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: **Families with a negative balance of \$25.00 or more will not be allowed to purchase Celebration Snacks for their student. Region 14 will review each student account at the end of each month.** Payment plans can be negotiated with the Director of Finance (203) 263-4330.

<u>Description</u>	<u>Price (qty 24)</u>
☐ Fruit Snacks (Gluten/Nut Free)	\$15.75
☐ Linden's Chocolate Chippers Cookies	\$14.75
☐ Baked Lays (Gluten/Nut Free)	\$17.00

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: _____

Telephone: _____

Parent Name: _____

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

5 Minortown Road - PO Box 469 Woodbury CT 06798 □ Telephone 203-263-4330 □ Fax: 203-263-0372