

Birthday Bag Order Form 2024-2025

Delivery Request Date: _____
 School Site: _____
 Child's Teacher: _____
 Teacher's Room #: _____

Child's Name: _____
 Guardian Name: _____
 Guardian Phone Number: _____

Thank you for choosing us to cater for your special birthday child! Please make checks payable to your cafeteria or you may pay with your students lunch money account. Please turn in this form to your school's cafeteria at least 10 days in advance to ensure adequate time for ordering and delivery. Please contact your student's teacher and the school's kitchen manager to coordinator the special treat delivery. For any questions please contact your kitchen manager.

Item:	Price	Servings	Cost	Kitchen Manager Initial & Date after Delivery
Bday #1 Combo: 1 Cookie & 1 Ice Cream cup	0.75			
Bday #2 Combo: 1 Milk & 1 Cookie (Check Milk Flavor) Strawberry___ White _____ Choc_____	0.75			
Grandma's Mini Cookies	0.50			
Single Side Kick	0.50			
Single Ice Cream Sandwich	0.75			
White Cheddar Popcorn Bags	0.50			
Baked Chips: (Check Chip Flavor) (BBQ_____ or Cheddar_____)	0.75			
Pretzel Hartzels	0.50			
Rice Crispy Treats	0.50			
Fudge Bar	0.75			
Orange Cream Bar	0.75			
Chocolate or Vanilla Ice Cream Cup	0.50			
Individual Milk: (Check Milk Flavor) White___ Choc___ Strawberry_____	0.50			
Fresh Fruit: Orange Slices	0.50			
Fresh Fruit: Apple Slices	0.50			
Fresh Veggie: Carrots & Ranch Cups	0.75			
Fresh Veggie: Celery & Ranch Cups	0.75			
Total Cost				