### START YOUR CHILD'S DAY WITH BREAKFAST

### It's a known fact that children who eat Breakfast do better in school!!!

Let us take the hassle out of your hectic mornings and have your child eat breakfast in the classroom. The cost is \$1.25 Paid, Reduced \$ .30 or Free if you're eligible.

Fill out the form below and return to the cafeteria Thursday for the following week.

We will only be taking orders for children that have an account on Lunch Time.

All breakfast will be delivered to your child's classroom

### **Choices of Breakfast are:**

Monday Whole Grain/Low Sugar Cereal, Juice & Milk

Tuesday Pop Tart, Yogurt Juice & Milk Wednesday Bagel, Cream Cheese & Juice & Milk

Thursday Maple Burst Mini Pancakes Juice & Milk Friday Whole Grain/Low Sugar Cereal Juice & Milk

If you have any questions, please call Diane McNinney, Manager at 856.764-5100 ext.1811 or Fiorangela Hummel, Food Service Director at 461-6100 ext. 3027.

****Standing Order Option****
If you would like to keep your order for the entire school year please sign here.
(Signature)
The order will be delivered every week until it is canceled in writing. If child is absent the account will be credited for that day.
Please Print  DELRAN INTERMEDIATE SCHOOL Breakfast Order Form  Your Child's Name  For week of

# Your Child's Name\_\_\_\_\_\_\_ For week of \_\_\_\_\_\_\_ For week of \_\_\_\_\_\_ Home Room #\_\_\_\_\_\_ BREAKFAST – PLEASE CIRCLE THE DESIRED DAYS Monday Tuesday Wednesday Thursday Friday Please make checks payable to: "Delran School Cafeteria" if you want to open a Lunch Time Account. \*\*\*\* Must have an account to be able to purchase breakfast. \*\*\*\*

Return this form& payment the Thursday before in an envelope to the cafeteria and we will do all the work!

## DELRAN INTERMEDIATE SCHOOL Breakfast Order Form Your Child's Name\_\_\_\_\_ For week of \_\_\_\_\_ Teacher's Name\_\_\_\_ Home Room #\_\_\_\_\_ BREAKFAST – PLEASE CIRCLE THE DESIRED DAYS Monday Tuesday Wednesday Thursday Friday DELRAN INTERMEDIATE SCHOOL Breakfast Order Form Your Child's Name\_\_\_\_\_ For week of \_\_\_\_\_\_ Teacher's Name\_\_\_\_ Home Room #\_\_\_\_\_\_ BREAKFAST – PLEASE CIRCLE THE DESIRED DAYS Monday Tuesday Wednesday Thursday Friday DELRAN INTERMEDIATE SCHOOL Breakfast Order Form Your Child's Name\_\_\_\_\_ For week of \_\_\_\_\_ Teacher's Name\_\_\_\_\_ Home Room #\_\_\_\_\_ BREAKFAST – PLEASE CIRCLE THE DESIRED DAYS Monday Tuesday Wednesday Thursday Friday DELRAN INTERMEDIATE SCHOOL Breakfast Order Form Your Child's Name\_\_\_\_\_ For week of \_\_\_\_\_ Teacher's Name\_\_\_\_ Home Room #\_\_\_\_ BREAKFAST – PLEASE CIRCLE THE DESIRED DAYS Monday Tuesday Wednesday Thursday Friday DELRAN INTERMEDIATE SCHOOL Breakfast Order Form Your Child's Name\_\_\_\_\_ For week of \_\_\_\_\_ Teacher's Name\_\_\_\_ Home Room #\_\_\_\_\_ BREAKFAST – PLEASE CIRCLE THE DESIRED DAYS

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