

SNACK MILK ORDER FORM

Please complete and return this form in your child's folder on the first morning of each week. DO NOT include this form in your child's envelope for the cafeteria; I will not see it if you do! If you do not want your child to receive snack milk, then you do not need to return this form. Thanks 😊

Child's Name _____

My child plans to purchase snack milk on the following days (Please note the type of milk - chocolate (C) or white (W)):

Monday	Tuesday	Wednesday	Thursday	Friday

My child will be eating breakfast at school on the following days (please check the days that your child will eat breakfast at school):

Monday	Tuesday	Wednesday	Thursday	Friday

This form is for planning purposes **only** and the money for snack milk (\$.65 per day) should still be included when you pay the cafeteria.
Thank you for your help!

The Kindergarten Teachers