

Birthday in a Box

The Madison Food & Nutrition Department would like to help celebrate your child's birthday!

1. Please select one type of treat to purchase for the entire class.
2. **Return this form & cash/check payment to cafeteria no later than 7 days in advance.**
Checks are made payable to: "Madison Food Service."

School: **Choose School Name**

Child's Name: **Enter Child's Name**

Grade: **Choose Grade Level**

Teacher's Name: **Enter Teacher's Name**

Date Needed: **Thursday, June 21, 2018**

Requester's Name: **Enter Your Name Here**

Phone Number (if we have questions about your order): **(XXX)-(XXX)-(XXXX)**

Choice of Treat	Ingredient Info	Cost	Extended Price
Fruit Roll Ups	Dairy Free, Gluten Free, & Kosher	\$0.50	
Cocoa Puff Bars	Dairy Free	\$0.50	
Blue Raspberry Lemon Frozen Juice Sidekick	Dairy Free & Gluten Free	\$0.75	
Strawberry Mango Frozen Juice Sidekick	Dairy Free & Gluten Free	\$0.75	
Chocolate Chip Rice Krispies	Gluten Free	\$0.75	
Triple Chocolate Fudge Cookie	Kosher	\$0.75	
Ice Cream Sandwiches	Kosher	\$0.75	
Chocolate Sundae Crunch Bar	Kosher	\$0.75	
Ice Cream Bar, Fudge	-	\$0.75	

Birthday Treats do not contain tree nuts/peanuts in ingredients but may be manufactured in a facility that contains them

This institution is an equal opportunity provider.

*****For School Use Only*****

Cafeteria Manager Signature: _____

Date Ordered: _____ Amount Received \$: _____ Cash: _____

Check#: _____ Titan Account: _____