

Child's name: \_\_\_\_\_

**BREAKFAST**

Please order breakfast for my child as follows:

\_\_\_ ALL days from Jan 8 – Feb. 9 (24 breakfasts x \$2.09) = **\$50.16**

**-or-**

\_\_\_ breakfast on the following days (please circle each day you wish to order breakfast)

**January** 8 9 10 11 12 16 17 18 19 22 23 24 25 26 29 30 31 **February** 1 2 5 6 7 8 9

# of days circled x \$2.09 = \$\_\_\_\_\_ (milk is included in the price)

**LUNCH**

Please order lunch for my child as follows:

\_\_\_ ALL days from Jan 8 – Feb 9 (24 lunches [no milk] x \$3.50 = **\$84.00**)

**-or-**

\_\_\_ ALL days from Jan 8 – Feb 9 (24 lunches [WITH milk] x \$3.95 = **\$94.80**)

**-or-**

\_\_\_ Lunch on the following days (please circle each day you wish to order lunch)

**January** 8 9 10 11 12 16 17 18 19 22 23 24 25 26 29 30 31 **February** 1 2 5 6 7 8 9

# of days circled x \$3.50 = \$\_\_\_\_\_ (NO Milk) **-or-**

# of days circled x \$3.95 = \$\_\_\_\_\_ (WITH Milk)

**This form must be returned to MPA by January 3, 2018. Thank you!**

Payment may be sent in with this form, or MPA will send a monthly invoice home, net payment 30 days. Please make checks out to "Family Service of RI", and in the Memo section, write "MPA Meals". Because meals are ordered and purchased ahead of time, we cannot issue refunds if a child is absent. Scheduled absences (e.g., family vacation) must be communicated to MPA at least one week prior to the start of the absence to avoid being charged. Accounts that are unpaid after 90 days will be sent to Collection and the student's participation in the MPA Meal Plan may be suspended. Gluten-Free and Dairy-Free options are available with advanced notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FULL-PRICE MEALS**