


Lakecrest Hot Lunch Program - September 2011

Monday	Tuesday	Wednesday	Thursday	Friday	<p style="color: red; font-weight: bold; font-size: 1.2em;">DUE FRIDAY SEPTEMBER 9</p> <p style="color: green; font-weight: bold; font-size: 1.2em;">Although H&S makes every effort to ensure product selection that considers known student allergies, we cannot guarantee allergen free products.</p>
5 Labour Day Holiday	6 	7 NO HOT LUNCH SERVICE	8 NO HOT LUNCH SERVICE	9 SEPTEMBER LUNCH ORDERS DUE	
12 NO HOT LUNCH SERVICE	13 NO HOT LUNCH SERVICE	14 NO HOT LUNCH SERVICE	15 Macaroni & Cheese Popsicles Fruit Beverage	16 Pizza Pepperoni__ OR Cheese__ Fruit, Beverage (FARM FIELD DAY)	
19 Goulash Beef, tomato sauce, macaroni, cheese) Fruit, Beverage	20 Quesadillas Chicken ____ OR Cheese ____ Veggies and Dip, Fruit, Beverage	21 NO HOT LUNCH SERVICE	22 Chicken Noodle Soup Cheese / Crackers Ice Cream Sandwich, Fruit, Beverage	23 Pizza Pepperoni__ OR Cheese__ Fruit, Beverage	
26 Non-meat Lasagna (tomato sauce, cheese) Veggies, Fruit, Beverage	27 Chicken Strip Caesar Wrap with Cheese Ice Cream Sandwich, Fruit, Beverage	28 NO HOT LUNCH SERVICE	29 Beef Strips & Gravy Mashed Potato Carrots, Fruit Beverage	30 Pizza Pepperoni__ OR Cheese__ Fruit, Beverage	

DIRECTIONS

(a) Circle meal selections; where options exist (e.g., chicken or cheese), indicate choice with a check mark

(b) If requesting beverage only for certain days, indicate so by marking days with M, C, or J

(c) Indicate student name and grade; indicate any dietary restrictions

(d) Indicate beverage preference in area provided

(e) Tally charges in space provided

(f) Return completed form to school office with payment; make cheques payable to LAKECREST HOME AND SCHOOL

REMINDER

All hot meals include a beverage at no additional cost. Please include payment for beverages **ONLY** on days that you have indicated a beverage without selecting the hot meal option.

BEVERAGE PREFERENCE
(please select one only)

Juice

White Milk

Chocolate Milk

Junior (K-3): # _____ X \$6.00 = _____ Senior (4-9): # _____ X \$6.50 = _____ Milk/Juice Only: # _____ X \$0.50 = _____ Total = _____	Name: _____ Grade: _____ Please specify Dietary Restrictions/Allergies:
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