

Our Lady of the Assumption School

Due: **Jan 30th**

OLA LUNCH MENU

February

Lunch Menu

PreK-8th Grade

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--|--|---|---|
| 3 Chicken Strips French Fries Fruit | 4 Carne Asada Quesadilla Rice & Beans | 5 HALFDAY NO LUNCH | 6 Spaghetti Garlic Bread Corn | 7 Cheese Pizza Potato Wedges Dessert |
| 10 NO SCHOOL | 11 Beef Tacos Rice & Beans | 12 Hot Dogs Chips Dessert | 13 Chicken Nuggets French Fries Fruit | 14 NO SCHOOL |
| 17 NO SCHOOL | 18 NO SCHOOL | 19 NO SCHOOL | 20 NO SCHOOL | 21 NO SCHOOL |
| 24 Pulled Pork BBQ Sliders Chips Fruit | 25 Taqitos Rice & Beans | 26 Hamburger French Fries Dessert | 27 Chicken Alfredo Garlic Bread Broccoli | 28 Cheese Pizza Carrot Sticks w/Ranch Dessert |

ALL MEALS INCLUDE YOUR CHOICE OF: WATER OR JUICE

| | |
|----------|---|
| PAYMENT: | Pre-paid lunches are \$6.00 each. Menu is subject to change. Please make check payable to "ROSALIE GARCIA," and include it with your order form. Emergency lunches are \$7. As long as an Emergency Lunch is paid, you may continue to purchase them for \$7 each. |
| LATE FEE | Any orders turned in after Jan 30th will be charged a late fee of \$1.00 per lunch. |
| ABSENCES | If your child will be absent please notify me by email at RosalieGarcia514@gmail.com by 9:00am the day of. |
| CHECKS | There will be a \$35 service fee plus late fees on returned checks. |
| SNACKS | Students may purchase snacks during recess and lunch Monday-Friday. |

(Cut here and keep for your records. Return bottom portion with payment)

ONE ORDER FORM PER CHILD PLEASE

CHILD'S NAME:

PHONE NUMBER:

GRADE:

TEACHER'S NAME:

PLEASE CIRCLE THE DATES THAT YOU WILL PREPAY. Shaded dates are no lunch days.

| mon | tue | wed | thur | fri | mon | tue | wed | thur | fri | mon | tue | wed | thur | fri | mon | tue | wed | thur | fri |
|---------|---------|-----|------|-----|-------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-----|-----|-----|------|-----|
| 3 | 4 | | 6 | 7 | 11 | 12 | 13 | | | 24 | 25 | 26 | 27 | 28 | | | | | |
| | | | | | 1-\$6 | 2-\$12 | 3-\$18 | 4-\$24 | 5-\$30 | 6-\$36 | 7-\$42 | 8-\$48 | 9-\$54 | 10-\$60 | | | | | |
| 11-\$66 | 12-\$72 | | | | | | | | | | | | | | | | | | |

TOTAL:

CHECK #:

AMOUNT:

DATE:

CHECKS MADE PAYABLE TO "ROSALIE GARCIA"
PLEASE KEEP THE MENU FOR REFERENCE
PLEASE NOTIFY OLA STAFF OF ANY FOOD ALLERGIES

