

STUDENTS NAME: _____

School (please circle): New Providence / Warren / Union Class: _____

My child is allergic to the following foods: _____

Please place a check mark on the appropriate line:

Breakfast Prices: High School-(Ages 15-21)- \$2.00 Middle School-(Ages 12-14)- \$1.75 Elementary School-(ages 11 and Under)-\$1.50

Reduced Price Breakfast at all Age levels-\$.30

_____ I have enclosed **BEVERAGE ONLY** payment for the month in the amount of \$ _____

_____ I have enclosed **COMPLETE BREAKFAST** payment for the month in the amount of \$ _____

The student will participate in the **BREAKFAST PROGRAM** as follows: (Place a check mark in the appropriate column)

<i>DATE</i>	<i>COMPLETE BREAKFAST Includes beverage</i>	<i>BEVERAGE only (\$.45 per day)</i>	<i>DATE</i>	<i>COMPLETE BREAKFAST Includes beverage</i>	<i>BEVERAGE only (\$.45 per day)</i>
Wednesday, June 30			Wednesday, July 21		
Thursday, July 1			Thursday, July 22		
Friday, July 2			Friday, July 23		
Monday, July 5	School Closed		Monday, July 26		
Tuesday, July 6			Tuesday, July 27		
Wednesday, July 7			Wednesday, July 28		
Thursday, July 8			Thursday, July 29		
Friday, July 9			Friday, July 30		
Monday, July 12					
Tuesday, July 13					
Wednesday, July 14					
Thursday, July 15					
Friday, July 16					
Monday, July 19					
Tuesday, July 20					
TOTAL	\$	\$		\$	\$

PAYMENT AMOUNT \$ _____ **PAYMENT METHOD:**

CHECK ENCLOSED - PLEASE MAKE CHECKS PAYABLE TO MORRIS-UNION JOINTURE COMMISSION (MUJC)

**CREDIT CARD - PLEASE COMPLETE AND SIGN THE ENCLOSED CREDIT CARD PAYMENT FORM
RETURN PAYMENT WITH THIS FORM BY June 30, 2010**



