

**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:**

**Lunch Prices: High School-(Ages 15-21)-\$3.00    Middle School-(Ages 12-14)-\$2.75    Elementary School-(Ages 11 and Under)-\$2.50    Reduced Price Lunches at all age levels is \$.40**

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

\_\_\_\_\_ I have enclosed **COMPLETE LUNCH** payment for the month in the amount of ..... \$ \_\_\_\_\_

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

| <i>DATE</i>        | <i>COMPLETE LUNCH<br/>Includes beverage</i> | <i>BEVERAGE only<br/>(\$.45 per day)</i> | <i>DATE</i>        | <i>COMPLETE LUNCH<br/>Includes beverage</i> | <i>BEVERAGE only<br/>(\$.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   |   |  |                    |   |  |
|                    | \$  | \$                                       | <b>TOTAL</b>       | \$  | \$                                       |

**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**



