

STUDENTS NAME: _____

School (please circle): New Providence / Warren 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)- \$2.25 Middle School-(Ages 12-14)- \$2.00 Elementary School-(ages 11 and Under)-\$1.75

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 (\$.50 per day)</i>	<i>DATE</i>	<i>COMPLETE BREAKFAST Includes beverage</i>	<i>BEVERAGE only (\$.50 per day)</i>
Wednesday, February 1			Wednesday, February 22		
Thursday, February 2			Thursday, February 23		
Friday, February 3			Friday, February 24		
Monday, February 6			Monday, February 27		
Tuesday, February 7			Tuesday, February 28		
Wednesday, February 8			Wednesday, February 29		
Thursday, February 9					
Friday, February 10					
Monday, February 13					
Tuesday, February 14					
Wednesday, February 15					
Thursday, February 16					
Friday, February 17	School Closed				
Monday, February 20	School Closed				
Tuesday, February 21					
TOTAL	\$	\$	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 February 1, 2012**

