

STUDENTS NAME: _____

School (please circle): New Providence / Warren

Class: _____

My child is allergic to the following foods: _____

The student will participate in the **BREAKFAST PROGRAM** as follows: (Place a check mark in the appropriate column)
 Complete Meals only – no a la carte is allowed with free meals

<i>DATE</i>	<i>COMPLETE BREAKFAST Includes beverage</i>	<i>A la Carte</i>	<i>BEVERAGE only (\$1.00 each)</i>	<i>DATE</i>	<i>COMPLETE BREAKFAST Includes beverage</i>	<i>A la Carte</i>	<i>BEVERAGE only (\$1.00 each)</i>
Mon., Feb 1, 2021				Fri., Feb 19, 2021			
Tues., Feb 2, 2021				Mon., Feb 22, 2021			
Wed., Feb 3, 2021				Tues., Feb 23, 2021			
Thurs., Feb 4, 2021				Wed., Feb 24, 2021			
Fri., Feb 5, 2021				Thurs., Feb 25, 2021			
Mon., Feb 8, 2021				Fri., Feb 26, 2021			
Tues., Feb 9, 2021							
Wed., Feb 10, 2021							
Thurs., Feb 11, 2021							
Fri., Feb 12, 2021							
Mon., Feb 15, 2021	School Closed						
Tues., Feb 16, 2021							
Wed., Feb 17, 2021							
Thurs., Feb 18, 2021							

Please note, if a student orders items from the a la carte menu and the food items ordered meet the requirement under the Offer versus Serve program for a complete breakfast, the student will be charged the price of a complete breakfast.

