



St. Joseph's School
Pre-K - 8th BIRTHDAY-PARTY-TREAT Order Form

Child's Name _____ Date of Party _____
Contact Person _____ Phone# _____
Teacher/Grade _____ Amount Due\$ _____

~ a four-day notice is appreciated for all orders ~

All necessary paper products are included!

****Please notify your child's teacher that a birthday treat will be coming****

Yogurt/Granola Fruit Cup	75¢ each	Quantity _____
Chocolate Chip Cookies	50¢ each	Quantity _____
Cupcakes (decorated, white cake) frosting: white ___ chocolate ___	65¢ each	Quantity _____
Skippy Cup or Scribblers (vanilla, chocolate, strawberry, cotton candy)	50¢ each	Quantity _____
Milk FF white ___ FF chocolate ___	50¢ each	Quantity _____
Juice (100% Fruit) orange ___ apple ___ fruit punch ___ grape ___	50¢ each	Quantity _____

All checks are payable to NDHS Lunch program

Please contact Shannon Plath, Food Service Manager 585-343-2783 ext. 106 with questions.

All food is peanut-free and 2015-2016 SJS Kindergarten classroom is peanut-free